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the newsweekly for pharmacy

January 16, 1988



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## Motions for delayed LPC Conference

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## Patents Bill: licences of right take the stage

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## Upjohn act on SK&F verdict

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## AIDS: a role for pharmacy

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## Society asks for more 'P's

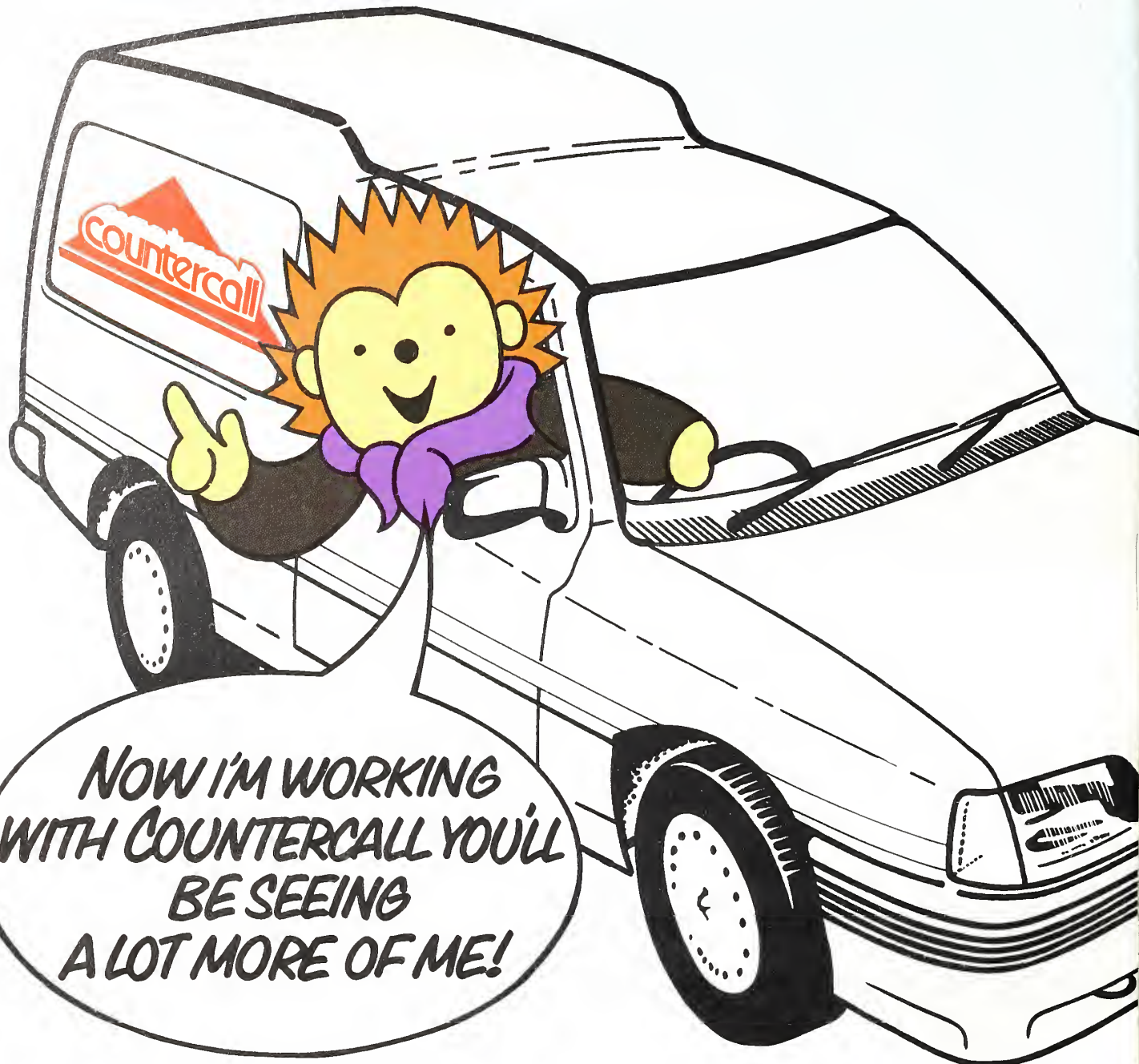
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## Health Service report backs wider role

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## COMMENT

**H**istory, as the old saying goes, has a peculiar habit of repeating itself. Last year's lead story on January 24 was headlined: "Still no cash deal to put to LPC conference", and continued "The Pharmaceutical Society Negotiating Committee says it is unlikely to be able to present a remuneration deal to contractors for consideration at the LPC conference on February 8..." If these words sound familiar it could be because something not too different appeared in last week's *Chemist & Druggist* (p37). But there are differences...

Last year the delay in agreeing a package could be clearly laid at the door of the DHSS. This year, most conveniently for the Department, it is the Pharmacy Review Panel which has stepped into the breach. Its findings on the profit formula, which could take 15p per script out of the global sum at one extreme or add 9p at the other, are now not due until the end of the month. But instead of turning the conference planned for February 7 into a remuneration update, and seeking a mandate to pursue negotiations, PSNC has postponed it until such time as it does have a presentable package.

This play has tactical as well as practical advantages. It

allows PSNC time to absorb the decision of the Review Panel, and with firmer financial parameters in position, an opportunity to set remuneration on a service orientated course rather than cost-plus. And by refusing to give an alternative date for a conference PSNC has removed any self-imposed deadline. A study of negotiations with the DHSS shows that a favoured strategy is to delay and obfuscate for as long as possible. The pious hope of prompt annual settlements enshrined in the new contract is never likely to materialise (*C&D*, December 19). PSNC has realised this and is playing the DHSS at its own game as best it can.

But it is important that progress is made on longer term issues. The Pharmacists' Action Committee, a dissenting ghost from the past, voiced the opinion last week that the promised benefits of the new contract have so far failed to materialise. On the so called stage two aspects of the contract they are right.

Contractors should expect some of the items listed by PSNC chief executive Alan Smith at last year's Lincolnshire Local Pharmaceutical Committee conference to become more than ideas.



# Patent Bill 'to cost £42m'

The abolition of pharmaceutical licences of right will cost the NHS between £42m and £52m a year between 1993 and 1997, according to Generics UK and Harris Pharmaceuticals.

The provision repealing licences of right — introduced in response to representations made by the industry — was approved when the Copyright, Design and Patents Bill completed its Committee Stage in the Lords in the early hours of Wednesday.

The change is intended to promote research and development of new medicines by giving over of pharmaceutical patents granted under the Patents Act 1949 exclusively for the full 20 year term.

The claim is made in a briefing paper sent by the two independent generic companies to Peers. The companies dispute the statement by Government Minister Lord Beaverbrook's November 12 statement, made during the Bill's second reading, that the extra cost would be "between £5m and £8m spread over the next ten years." They say that generic versions of two products alone, Glaxo's Zantac (ranitidine) and Squibb's Capoten (captopril), which will become available for licences of right in

1993, would produce annual savings in the years 1993 to 1997 of "no less than £20m for ranitidine and £4m for captopril".

The calculation for Zantac is based on 10 to 15 per cent market growth per year to 1993 on a base of £80m, giving sales of £160m a year. If licences of right were then available, the companies estimate 40 per cent of prescriptions would be written for generic ranitidine, a market of £64m. "Generic prices would probably be at least 30 per cent lower and could additionally bring down the price of the branded product," the paper says. "The annual savings on this one drug alone in the four years 1993-97 would therefore, on the most conservative assumption possible, be about £20m a year."

The companies also estimate the market of the next five best selling products affected by possible licence of right abolition to be £75m, giving an annual saving, calculated along the same lines (doubled market, 40 per cent generic prescribing and 30 per cent price discount) at £18m. "It is inconceivable that the cost to the NHS of abolishing licences of right can be as little as Government spokesmen have indicated in the House of Lords," the paper says.

Generics UK and Harris also dispute the industry's argument that the length of product development leaves little time for the industry to profit on its research investment. "Zantac and Capoten, for example, were each on the market within four years of being patented, so by 1993 they will have enjoyed brand patent monopolies of more than 12 years."

The paper suggests the dropping of both clauses of the Bill, given that the transitional licence of right provisions of the 1977 Patent Acts expire in 1993, with all post-1977 patents enjoying 20-year protection.

However, the two manufacturers do commend a

proposed compromise amendment, which would abolish licences of right only for products which have been on the market for less than ten years.

□ In a letter to *The Independent* this week, ICI Pharmaceuticals chairman David Friend supports the proposed abolition of licences of right. "The repeal of this wholly unfair provision will certainly serve to bring this country into line with the rest of Europe; it will do nothing more about the basic problem that more than half of the patent life is now lost during development of a new medicine."

Mr Friend says he hopes that European Governments will seek an update of the European patent convention "as soon as possible".

## 105 licences withdrawn

Some 105 medicinal products have had their product licences withdrawn — either suspended or revoked — since January 1, 1979. In addition, for a variety of reasons, 15,645 product licences have been surrendered by companies or have lapsed since that date.

This information was volunteered in the Commons on

Monday by Health Minister Tony Newton in response to questions from Labour MP Jack Ashley, who wanted to know on how many occasions drug withdrawals in the USA were followed by the United Kingdom.

A list of products where safety was the reason for product withdrawal was not available, said Mr Newton.

## PSNC releases resolutions

The Pharmaceutical Services Negotiating Committee has released details of the resolutions to be debated at the next LPC conference.

Although the conference scheduled for February 7 has been postponed because PSNC will not be able to provide details on a remuneration package for 1988-89, secretary Steve Axon says publication of the resolutions

will allow full discussion by LPCs.

He assures LPCs that resolutions they have submitted will remain on the agenda. Also, unless PSNC is notified to the contrary, it will be assumed that those nominated for February will be attending the reconvened conference. A full agenda will be sent directly to delegates and LPC secretaries as soon as a new date is fixed.

### Among the motions are . . .

#### White Paper/general negotiations

■ "This Conference requests the PSNC to see that any money required to finance the Government's proposals for pharmacy in promoting better health must not come from the global sum." (*Trafford*)

■ "In view of the massive savings made by community pharmacy since 1980 amounting to some hundreds of millions of pounds, this Conference calls upon DHSS to introduce an additional pharmacist allowance to enable immediate implementation of the extended role whilst maintaining full supervision of the dispensing services." (*Gateshead*)

■ "This Conference asks PSNC to ensure that negotiations relating to good practice allowances should concentrate on those items involving capital investment, rather than the provision of those services for which

the public already makes a payment, and which are not intrinsically capital intensive." (*Salford LPC*)

■ "This Conference calls upon DHSS to transfer suitable medicines from the 'POM' to the 'Pharmacy' medicine category to enable the pharmacist to prescribe more effectively for minor ailments thus providing greater cost effectiveness and efficiency for both the DHSS and patient alike." (*Gateshead LPC*)

■ "That PSNC should work towards acceptance of a limited list formulary allowing prescribing by pharmacists of Prescription Only Medicines." (*Sunderland LPC*)

#### PPSC procedures

■ "This Conference considers that as the existing guidelines virtually exclude pharmacists employed by the large multiples from participation in PPSC matters on grounds of 'interest', the PSNC should give consideration to steps which might be taken to remedy the situation." (*Hertfordshire LPC*)

■ "This Conference considers that the procedures for the award of pharmaceutical contracts should be reviewed as they are inadequate having regard to the issues which can arise where several applications are received in respect of one location." (*Hertfordshire LPC*)

#### Standards

■ "This Conference considers that many pharmacy premises do not meet standards which are desirable for the practice of community pharmacy, and wishes for minimum standards to be laid down under legislation." (*Wolverhampton LPC*)

#### Fees and allowances/drug tariff

■ "This Conference urges the immediate renegotiation of the 'PC/PNC' scheme so that:—

(i) any reasonable endorsement by a pharmacist on a prescription not written out in full personally by the prescriber shall be accepted, and (ii) that the scheme shall apply to 'blacklisted' medicines where a non-allowed medicine has been ordered, but an allowed form supplied, but that in this case a copy shall be sent to the prescriber." (*Essex LPC*)

■ "This Conference considers that representations should be made



# Doctors' and nurses' prescribing proposals

The medical and nursing professions have agreed on proposals for nurses to prescribe in certain circumstances.

In a joint statement, the Royal College of Nursing and the General Medical Services Committee say that community nurses should be able to obtain supplies of dressings and appliances from district health authorities in the same way as hospital nurses. GMS negotiator Dr John Lynch told *C&D* that community nurses often decided which dressing or appliances their patients should have but, unlike their hospital colleagues, had to obtain a doctor's authority before supplying them. Nurses were also making decisions on doses and treatments, for example, if a doctor prescribed an analgesic 'prn', the nurse might advise the patient when to take it.

The present haphazard situation raised problems over legal and professional obligations, Dr Lynch continued, so there was a need to regularise procedures and clarify responsibilities. The professions had not gone so far as to specify exactly which items nurses might prescribe.

A spokeswoman for the RCN told *C&D* that the Government had reacted favourably, in its White Paper on health, to the profession's suggestions that nurses should be given limited prescribing rights. The RCN now had BMA support in pressing for legislation.

The Pharmaceutical Society agrees that there are certain items nurses should be allowed to prescribe and is holding discussions with the RCN.



## Newton turns down hospital inquiry

The Health Minister has again turned down a request from the Pharmaceutical Society for an independent inquiry into the future development of hospital pharmacy.

The request was made by the Society's president Mr Bernard Silverman at a meeting with Mr Tony Newton last Monday. Mr Silverman drew special attention to the low morale within the service and problems of recruitment and retention of staff.

Mr Newton, while acknowledging that there were pressing problems, said that an inquiry would only add to the uncertainty within the service and hinder the early implementation of positive steps to improve matters. He did not, however, completely rule out the possibility "if changes in the pipeline fail to achieve the desired objective".

Mr Newton said he had hoped to have been able to give a preliminary announcement of future policy on hospital pharmacy, but other pressures had delayed the Department's review. He hoped that by the end of February, or soon after, to make positive and helpful statements concerning the recommendations in the Nuffield Report on clinical pharmacy and its contribution to cost-effective use of medicines.

Mr Silverman, who was accompanied by Society secretary and registrar John Ferguson and treasurer Colin Hitchings, expressed disappointment at the lack of progress. He pointed out that clinical pharmacy services could not be developed properly unless the staffing problems were resolved. He also said the Society was anxious about the protracted negotiations over pay and grading

in the Pharmaceutical Whitley Council.

Mr Newton said he joined with the Society in hoping for a speedy agreement on this year's pay and on the creation of a new career structure.

Also present at the meeting, which had twice been postponed, were DHSS chief pharmacist Dr Brian Wills and his deputy Dr Peter Noyce.

■ Health Minister Tony Newton told the Commons on Tuesday that discussions with manufacturers about supply and price of blood glucose test strips, which are to be made available on prescriptions to diabetics, are to take place between now and the end of February.

■ Minister of Health Tony Newton told the Commons the Government would make funds available to assist in the provision of health promotional material for display in pharmacies and encourage the extended use of pharmacists skills.

## Seelig sells

Underwoods director Roger Seelig has sold 61,540 shares in the company at 115 pence each to make £70,771. Mr Seelig, formerly a Morgan Grenfell merchant banker and now facing charges in connection with the Guinness affair, is said to have sold them for personal reasons totally unrelated to Underwood's business.

to the DHSS that any drugs and appliances obtained by contractors without attracting discounts should be excluded from the discount scale. *(Merton Sutton & Wandsworth LPC)*

### Pharmacy ownership

■ "That no doctor, his associate(s) or nominee(s) shall be permitted to apply to open a pharmacy under Regulation 26 of the NHS (General Medical & Pharmaceutical Services) Regulations 1974." *(Shropshire)*

### Forms FP10

■ "This Conference urges PSNC to ask family practitioner committees to ensure that the stamping of prescription forms with the name and address of the doctor is done by FPC employees and not by voluntary or contract labour." *(Oxfordshire LPC)*

■ "This Conference requests PSNC to initiate discussions with DHSS, FPCs, and the medical profession with the aim of ensuring that all programs of computerised prescriptions include the means of preventing the addition of unauthorised items to the prescription." *(Oxfordshire LPC)*

### Rural dispensing

■ "This Conference believes that, in view of the many breaches of the spirit of the Clothier Agreement by the medical side, the terms of the compensation scheme should be revised as follows:

i) to exclude those cases where a close relative or member of the household of an affected doctor is substantially involved in the new pharmacy, either as part of the operating company or as landlord of the property (unless in the latter case it can be shown that the rent and premium (if any) charged are reasonable for the area), and

ii) to exclude those cases where it can be shown that the doctor has revented or attempted to prevent the sale of property which could be used as a pharmacy." *(Essex LPC)*

### PC secretaries' salaries

■ "This Conference urges PSNC to produce a suggested and realistic salary scale for LPC secretaries to encourage achievement and performance." *(Liverpool LPC)*



# Upjohn put down generic 'marker'

The effects of the High Court judgment in favour of Smith, Kline & French's contention that data supplied to the Licensing Authority may not be used to process rival (usually generic) firms' applications, are starting to appear.

One of the first companies to act are Upjohn, who have written to generic manufacturers Thomas Kerfoot saying they suspect that the product Kerfoot are selling, triazolam tablets manufactured by Generics (UK), could only have been licensed using data supplied by Upjohn in its application for Halcion.

Kerfoot's managing director Charles Savage told *C&D* he thought that the letter from Upjohn's to Kerfoot's lawyers put down a "marker". He said: "what worries me is that the only interpretation we can put on this is that we are talking about possible retrospective legislation. That is very rare in the UK."

Mr Savage said such an outcome would be a disaster for the generics industry. He says he stands by the official Association of the British Pharmaceutical Industry line. "We would support

the moves towards the restitution of the 20 year patent life and the EEC article which would allow a company bringing a new product onto the market a 10 year marketing life before generics are allowed. But then generics become an important means of

keeping down drug costs."

Upjohn could not confirm that their aim is to make the Smith, Kline & French judgment apply retrospectively. A spokeswoman said: "Upjohn are aware of the decision in the case brought by SK&F against the DHSS and are

considering its consequences. We have been in contact with other parties who may be interested in the decision, but have no further comment at this stage."

As *C&D* went to Press, the DHSS had not appealed against the High Court decision.

## Be alert for OTC ibuprofen complications

Further evidence of the need for aspirin and ibuprofen-sensitive patients to be cautioned about the proliferation of OTC ibuprofen products has been given in a letter

to *The Lancet* published this week.

Doctors from Baltimore report the case of a woman who presented with the symptoms of

aseptic meningitis after taking one ibuprofen 200mg tablet which she had purchased following worsening of arthralgia and joint pain, with the onset of discoid hand lesions. Ampicillin and cefotaxime, together with intravenous methylprednisolone were prescribed and the woman returned to baseline over the next 30 hours.

Her history revealed aseptic meningitis several years earlier from prescribed ibuprofen. The doctors also quote two reports of aseptic meningitis in women with systemic lupus erythematosus or mixed connective tissue diseases which had been treated with ibuprofen.

## Ketoconazole for the hair?

Janssen are hoping to launch an anti-fungal anti-dandruff shampoo this year. They have applied for a product licence for 2 per cent ketoconazole shampoo for the treatment of scalp dermatitis and severe dandruff, which is now thought to be caused by a yeast infection. Approval is being sought for the product both as a POM and

a P medicine.

Trials, which are continuing, have shown some advantages for such a product over selenium sulphide and zinc pyrithione. There has been no detectable absorption of ketoconazole through the skin and anti-yeast levels are retained in the hair for several days after shampooing.

## Pharmacists last on spironolactone?

Pharmacists appear to be the last to find out that the Department of Health has compulsorily varied all product licences for spironolactone to remove indications for the treatment of hypertension and idiopathic oedema.

Doctors were informed of the changes last month by G.D. Searle, makers of Aldactone, Aldactide and Diatensec, who have also withdrawn their antihypertensive combination product Spiroprop. A spokeswoman said that the first job was to inform doctors of the change.

The Department of Health only this week announced: "The Licensing Authority has recently acted to vary compulsorily the Product Licences of all medicinal products containing spironolactone because of concern about a possible carcinogenic risk associated with its long term use. Spironolactone products are no longer indicated for essential hypertension and idiopathic oedema. They remain licensed for

use in cirrhosis with ascites and oedema, malignant ascites, nephrotic syndrome, and in the diagnosis and treatment of primary hyperaldosteronism and in congestive cardiac failure.

"The Licensing Authority acted after advice from the Committee on Safety of Medicines and the Medicines Commission that potential human metabolic products of spironolactone are known to be carcinogenic in rodents."

The Department's decision has come as a surprise to Searle, who say spironolactone is still indicated for hypertension in more than 100 countries. The spokeswoman said that licensing authorities in both West Germany and the EEC had looked at the drug recently and decided no changes were necessary.

The decision has also come as something of a surprise to drug information pharmacists up and down the country, whose advance warning system for such events picked up no whisper of the Department's action.

## GP advertising to be relaxed?

The Office of Fair Trading has met the General Medical Council and the General Medical Services Committee to discuss relaxation of the rules controlling GP advertising.

A GMC spokesman told *C&D* that there were no plans for further relaxation but the GMC was constantly reviewing the

advertising guidelines. Since November 1986 Gps have been able to issue practice leaflets giving information on surgery hours and special clinics and, while the GMC was "very much in favour" of dissemination of information, it was still opposed to the promotion of individuals in Press advertisements.



Mrs Zaharat Power-Claire, a socialist councillor in Norwich, a Community Health Councillor and wife of the Sheriff of Norwich opens the remodernised Numark Chemist in Magdalen Road, Norwich and receives a bunch of flowers from pharmacist Adrian Lemon



## Premises down 14

For the third month running, the number of premises on the Pharmaceutical Society's Register has fallen. The total at the end of December was 11,987, a loss in the month of 14.

The general trend of losses, established following the implementation of the new contract, has continued in all areas. England (excluding London) is down five overall, with 12 additions and 17 deletions. In Scotland two premises were added to the Register, one was restored and five deleted, a loss of two; in Wales three premises were deleted. London lost four, with two openings and six closures.

## C&D Price List Service

The *Price List Supplement* of January 2 showed Duvadilan Retard 20mg (100) and Duvadilan Retard 40mg (56) as discontinued. This was an error and the product is still available.

In the December 12 *Supplement* Lergoban tablets (50), PIP code 158-972, were shown deleted in error. We apologise for any inconvenience caused by these errors.

When the pack size of Maxolon 10mg ampoules recently changed from 10 to 12 the product was mistakenly given a new PIP code of 346-106. We apologise to users for this unnecessary change.

## PL(PI) update

C&D has been informed of the following Product Licences (Parallel Importing) that have been issued by the Department of Health.

### Whitworth Pharmaceuticals

4423/0160	Tegretol 400mg tablets	Carbamazepine 400mg
4423/0158	Winolate suspension	Benorylate 40 per cent w/w
4423/0159	Zovirax 200mg tablets	Acyclovir 200mg

"A Race Apart?" is a new video aiming to promote understanding and awareness of the needs of the mentally handicapped. Produced by the Association of the British Pharmaceutical Industry in consultation with MENCAP, the VHS video (£17.25) is available on free hire from Gail Turner, ABPI (Tel: 01-930 3477, Ext 271).

# TOPICAL REFLECTIONS

by Xrayser

## Personal services?

Last week I had to contact my MP. I'm lucky. I know him reasonably well. From past contact in business he trusts me sufficiently to know what I want; that I won't waste his time. And so I get access to bend his ear on matters which concern us. Which is more than I can say about my member of Council at the Society. I do not have a "local" member nor do I have privilege of knowing any Council member personally. If things trouble me I suppose I would, first, contact the executive at Lambeth. Would it not be better if each region elected its own member?

Yes, you're right folks, I'm developing the theme I began last week. If we want a more responsive Council, then it must be made of members more directly responsible to those who voted for them than at present, and the only way I can see that happening is by holding local elections, as in the Parliamentary system. Surely I can't be alone in this thinking.



is no problem in performing a simple urine sugar check, although except in cases where discussion may suggest undiagnosed diabetes, and I am asked directly if I could do a test, I do not advertise the fact. While I'm not entirely certain that cholesterol levels are, of themselves, all that important to long-term health, I am sure that if we were able to provide a simple test for patients, the service might well be "Sold" as a worthwhile extra service to our GP colleagues.

## Your own thing

Our flourishing generic manufacturers have just received a hearty thump in the gut. SK&F obtained a High Court ruling that the clinical data which they originally produced to support their application for a product licence may not be used to support applications for product licences for those who wish to market it as a generic. We are told "There are fears... this ruling could seriously damage the generics industry... which would have to support their applications with their own original research data... at enormous cost!"

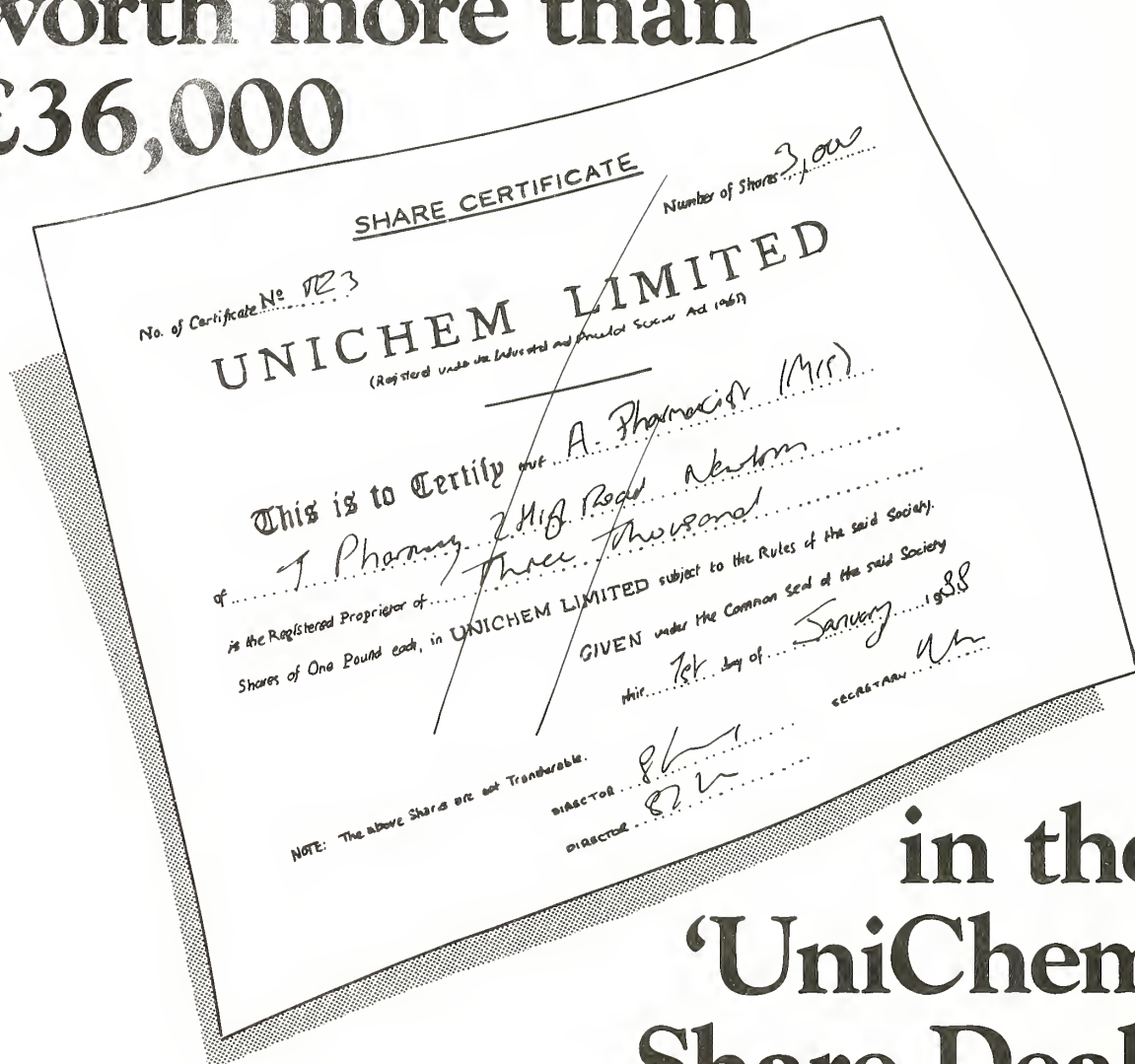
I have always been surprised at the affrontery of those who assumed they had an absolute right to use copyright data which cost another manufacturer a great deal of money and time with the intention not only of not paying, but of undercutting the price charged by the innovator!

Our Government, dedicated to free enterprise apparently could see no wrong in it either, which surprises me, since they say innovative manufacture is the foundation of our new industrial awakening? How much fairer it would be to establish a true cost price after R&D costs had been recovered and re-investment allowances made and then if the manufacturer won't play ball, to license as of right, reputable manufacturers who can meet the original spec at an agreed price.

## More testing

Like most pharmacists, I offer a pregnancy testing service. With the tests now around we are able to give accurate results within a few days of a missed period. I have no doubt about women appreciating this service, since it has led to inquiries as to whether we offer further tests for diabetes, kidney malfunction and cholesterol levels of blood. "Blood pressure testing," using one of the new digital meters, has proved a popular additional check for many patients who want to monitor their response to treatment. Several on slow-release tablets have been able to show their GPs the results of this monthly check. They now have reduced dose levels, since it was shown the higher doses were in excess of need, which can't be bad. There

# This could become worth more than £36,000



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# Unsugared pill for shareholders?

Looking back over pronouncements by Mr Peter Dodd denigrating his competitors and promoting Unichem as the sole guardian of independent pharmacy, one cannot but admire the sheer affrontary with which he now announces the abandonment of previously-held principles and his conversion to public company status (ie one whose shares can be held by coal merchants and faceless City institutions).

This "about face" would not have been possible, of course, without the support of the announced financial inducements which, presumably, are intended to keep existing shareholders happy and restore the Society's flagging sales momentum (1987 sales are reported to have increased less than the growth in the market). It is interesting, therefore, to consider the effect of the proposals on existing shareholders.

## 'Why the need for financial inducements'?

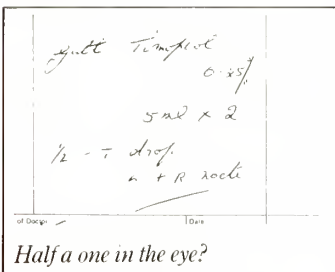
The assets of Unichem belong to its existing members and, using the 1986 balance sheet information, are worth at least £10 per share before any element is allowed for goodwill. Not that any material goodwill could be justified on the profit record between 1982 and 1986, during the latter part of which, Unichem's pre-tax profits have been particularly poor as a percentage of sales and in comparison with competitors.

Mr Dodd is now claiming that he will more than double profits over the next 2-3 years, so that on flotation the value of Unichem shares will be at least £12. Maybe, but any benefit to existing shareholders only comes through the issue of bonus shares linked to specific, but only partly disclosed, purchasing targets. The key point is that, if Unichem was earning a realistic net profit on its turnover, the value of its 2.9 million existing shares would be at least £20 and the interests of all current members would not be diluted by bonus issues to the larger buyers, to new customers who are not yet even members, or to employees.

Perhaps Mr Dodd can explain why he feels it necessary to offer financial inducements around the market in the hope of gaining extra sales when, with more skillful management, existing shareholders would have been able to secure at least as good a benefit through an immediate flotation,

rather than being asked to take a chance on a speculative position in 1990?

Bill Revell  
Director, AAH



## Counter play to 100-day scripts

A number of doctors in my area prescribe 84- or 100-days treatment in the belief that they are reducing NHS costs, since the dispensing pharmacist will only be paid four times a year, not 12.

My counter play and not too tongue-in-cheek at that — would be to suggest a further reduction in NHS costs.

If any doctor sees 75 per cent of his patients only four times a year instead of 12, then his capitation fees should be reduced *pro rata*.

John Levesconte  
Cobham

## No conceit in right pack

In "Packaging literacy" in his **Topical Reflections** column of December 12, 1987, Xrayer airs his opinions on pharmaceutical packaging with particular reference to insulins and the Nordisk Wellcome products Mixtard and Human Mixtard. His view that "house colours with uniform labelling of all products coming from a particular maker, were and are conceived from false pride. Or perhaps conceit or a sense of artistic or even intellectual logic?" must be challenged.

The difference in clinical effect between insulins of different formulations is likely to be far greater than the differences between insulins of the same formulation but differing species. The colour coding of the Nordisk Wellcome insulins reflects the very similar clinical characteristics of the products in our porcine and

human insulin ranges with the same formulation. For example, our soluble insulins Velosulin and Human Velosulin are colour coded red; and our isophane Insulins Insulatard and Human Insulatard blue. Thus, in contradiction to that implied by Xrayer, the colour coding of our products including Mixtard and Human Mixtard, is designed to minimise serious errors.

We differentiate between the human and porcine as follows:

1. The names of the products (printed on both the box and vial label) eg Human Mixtard as opposed to the original (porcine) Mixtard.
2. The description of the insulin beneath the product name on both the box and vial label.
3. The large solid "H" which appears on the boxes and vial labels of our human insulins.
4. The leaflets inside each box are specific to each species of insulin.

The legal requirements and constraints as to the information which may and may not be included on pharmaceutical packaging does rather limit what is possible on a pack or label appropriate to the size of a 10ml insulin vial. To differentiate the 36 currently available insulins by general appearance alone, in keeping with the additional requirements of the seven manufacturers, would be a difficult task indeed.

I find his suggestion that packs picked at wholesalers are identified by their shape and colour, rather than the information on their labels, most alarming. The thesis to which he refers is not referenced, but I wonder whether it is more applicable to the supply of groceries than to pharmaceuticals where the consequences of identification inaccuracies are so much greater. While there are several species and formulations of insulin available, and prescribers and pharmacists specify the full name of the product they require, there should be few problems arising. Even though most employees at pharmaceutical wholesalers have been reading for considerably less than 200 years, I would like to think that the majority of them are not only capable of accurately checking the items that they dispatch, but also are trained to do so by their employers.

I hope that in future Xrayer will credit manufacturers with more laudable motives than "conceit" and "false pride" in the design of the product packaging. It is in our interests, too, that patients use the product appropriate to their needs.

Phillip Carr  
Senior product manager  
Nordisk-UK

POSTBAG



# SCRIPT SPECIALS

## Volmax salbutamol

Volmax is a controlled release tablet of salbutamol which uses the Oros delivery system developed by Alza Corporation. The tablet has a solid core of salbutamol coated with a semi-permeable membrane. On swallowing, water is drawn through the membrane by osmosis and the dissolved salbutamol passes at a constant rate out of a laser-drilled hole. The resulting steady blood levels smooth out the peaks in plasma levels which may be associated with side effects. Drug delivery is not affected by pH or turbulence in the gastro-intestinal tract.

**Manufacturers** Duncan, Flockhart & Co Ltd, 700 Oldfield

Lane North, Greenford, Middlesex UB6 0HE

**Description** White hexagonal controlled release tablet containing 8mg salbutamol as sulphate, printed "8" one side; white hexagonal controlled release tablet containing 4mg salbutamol as sulphate, printed "4" on one side

**Uses** Treatment of reversible airways obstruction of all types

**Dosage** Must be swallowed whole with a glass of water, not chewed or crushed

**Adults** One 8mg tablet twice daily. Children aged 3 to 12: One 4mg tablet twice daily

**Contraindications, side effects, etc** As for other

salbutamol tablets

**Supply restrictions POM Packs** Double foil blisters of 14 in cartons of 56 (8mg, £12 trade; 4mg, £10 trade)

**Product licence numbers** 8mg 0021/0129 4mg 0021/0128

**Issued** January 1988

## Hillcross 15

Hillcross Pharmaceuticals have announced a major expansion of their range of generic and galenical products.

The new products, available through AAH wholesalers are: pindolol 5mg tablets (100 £10.60) and 15mg tablets (100 £31.90); sucralate 1g tablets (1,000 £12.45); co-codamol tablets (500 £7.10); thyroxine 50 microgram tablets (1,000 £2.13); thyroxine 100 microgram tablets (1,000 £2.30); penicillin VK 250mg tablets (1,000 £16.50); penicillin V elixir 125mg in 5ml (100ml £0.53) and 250mg in 5ml (100ml £0.82); amitriptyline 25mg tablets (500 £2.05) and 50mg tablets (100 £4.70); zinc and castor oil cream BP (500g £2.52); white soft paraffin BP (500g £1.73); yellow soft paraffin BP (500g £1.74); and aqueous cream BP (500g £1.35, all prices trade). **Hillcross Pharmaceuticals Ltd.** Tel: 0282 25932.

## Cetiprin to be withdrawn

Kabivitrin say that Cetiprin (emeprium bromide) will be discontinued at the end of this month. The company suggests that any existing Cetiprin users should be switched to its newer drug Terolin (terolidine).

Kabivitrin decided not to apply for a full product licence last Summer (C&D, August 15, 1987, p290). The product was originally granted a licence of right in the '70s.

## BRIEFS

**Co-codamol tablets** (500 £7.10 trade) have been added to Berk Generics' list. **Rorer Pharmaceuticals Ltd.** Tel: 0323 641144.

**Pharmacia** wish to point out that only 500 tablet packs of Salazopyrin-EN tablets have been discontinued. The 125-tablet pack remains available. **Pharmacia (Great Britain) Ltd.** Tel: 0908 661101.

**Farmitalia Carlo Erba** have replaced Adriamycin (doxorubicin) by new formulation product doxorubicin rapid dissolution (10mg vial £13.00; 50mg vial £65.00 trade). Doxorubicin rapid dissolution and Pharmorubicin (epirubicin) are now distributed solely through the **AAH Hospital Division.** Tel: 0928 717070.

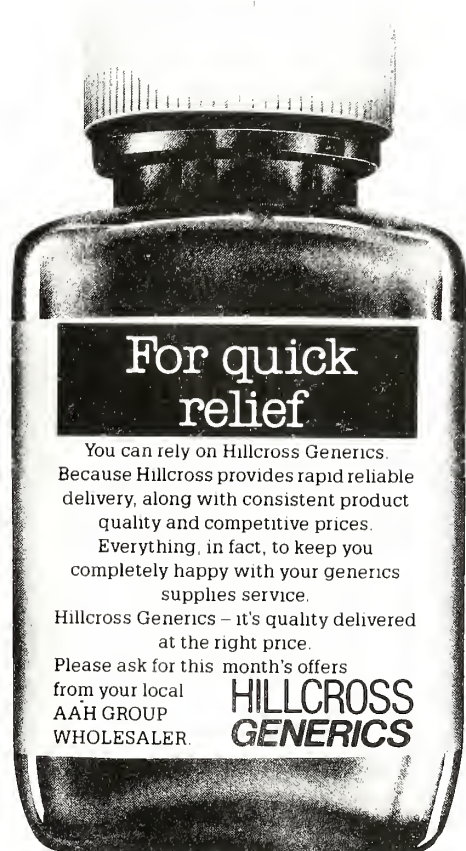
**Gist-Brocades** are introducing a 100g pack of Locoid Lipocream 0.1 per cent (£7.29 trade). **Brocades (Great Britain) Ltd.** Tel: 093 23 45536.

**Sandoz Pharmaceuticals** are introducing a tartrazine-free formulation of Cafergot tablets at the end of January. The colour of the tablets will change from pink (marked Cafergot in black) to plain white. **Sandoz Pharmaceuticals.** Tel: 01-890 1366.

**Spiroprop tablets:** the product licence has been relinquished and the product is no longer available on prescription. Redundant stock may be returned for credit, says **G.D. Searle & Co Ltd.** Tel: 0494 21124.

**Maxolon 10mg ampoule pack** size is being increased from 10 ampoules to 12 ampoules (basic NHS £2.92). Following the change-over, all outstanding orders for 10 Maxolon ampoules will be filled with the same number of the 12 ampoule packs. **Beecham Research Laboratories.** Tel: 01-560 5151.

**Nacton 2mg** and **Nacton Forte 4mg** 100-tablet packs are being replaced with tamper-evident 28-day treatment packs of 112 tablets (£1.89 and £3.61 trade, respectively). **Bencard.** Tel: 01-560 5151.



**For quick relief**

You can rely on Hillcross Generics. Because Hillcross provides rapid reliable delivery, along with consistent product quality and competitive prices.

Everything, in fact, to keep you completely happy with your generics supplies service.

Hillcross Generics - it's quality delivered at the right price.

Please ask for this month's offers

from your local  
AAH GROUP  
WHOLESALE

**HILLCROSS  
GENERICS**





# A new **Departure** for Topol



Topol, Britain's No. 1 stain-fighting toothpaste has something new to smile about. After two years of intensive research, Topol has been given a new highly effective formula. And, a new spearmint flavour variant containing fluoride. Plus Topol now has an added breath freshening ingredient, to leave your customers with fresh breath all day long.

Then to enhance these new tastes, we've given Topol a new look, with bright

exciting packaging – so it will really stand out on your shelf. And, to make sure our changes don't go unnoticed, we're launching a major press campaign which will be backed up with full PR and promotional material.

In fact, you can smile with confidence to know that your customers will be smiling too, with Topol.



DEP (UK) Limited, PO Box 274, Sterling House,  
165/175 Farnham Road, Slough, Berks SL1 4XJ.  
Telephone: (0753) 820743 Telex: 848074.





# COUNTERPOINTS

## New look for Medised

Medised from Panpharma is being relaunched in new packaging and supported by a 10 month advertising campaign in the women's Press.

The new look positions the product clearly for use in young children and features pictures of children of different ages on the front of the pack. The pack size, price and constituents (paracetamol 120mg, promethazine hydrochloride 2.5mg per 5ml) remain unchanged.

Half page colour advertisements will appear in *Woman's Own*, *Family Circle*, *Essentials*, *Mother and Baby*, *Parents*, *Mother and Practical Parenting*. The campaign starts

early in February. A full range of POS material, including window stickers, shelf cards, hanging mobiles and customer information leaflets.

Incentives for chemists to stock the product include a competition with holidays abroad and gift vouchers as prizes. Details from Panpharma representatives or telephone 01-561 8774. *Distributor Farillon Ltd. Tel: 04023 71136.*

**New packs of Preparation H** suppositories will contain the new ingredients declaration: Alcohol soluble extract of live yeast cells 1 per week w/w, shark liver oil 3 per cent w/w. *Whitehall Laboratories. Tel: 01-636 8080.*



## Cradle cap shampoo joins Dentinox range

Dendron are introducing an infant cradle cap shampoo into the Dentinox range (125ml £1.29 licensed GSL, PL0133/0030). It contains sodium lauryl ether sulphosuccinate 6 per cent and sodium lauryl ether sulphate 2.7 per cent.

As part of the launch campaign the company is mounting a free sampling drop to 15,500 health visitors countrywide. Some 200,000 Dentinox sachets, also including colic drops and teething gel will be distributed.

Cradle cap affects an estimated 70 per cent of the 750,000 babies born in the UK each year. The shampoo softens and removes the scales which form the cradle cap: it is not oily and can be used regularly as a baby shampoo once the problem has resolved, say Dendron.

An advertising campaign in the mother and baby Press starts this month to run for the rest of the

year. Advertisements will appear in *Parents*, *Mother and Baby* and *Practical Parenting*, backed up by a PR campaign. There will also be selective sampling and promotional surgery posters.

A pre-filled stand at an introductory price is available to chemists, which includes a leaflet on how to keep a baby healthy. *Dendron Ltd. Tel: 0923 229251.*

## 'Money Mail'

Kimberley-Clark will be running an on-pack Kleenex promotion called "Money by Mail" from February. Tear-off strips from any combination of packs except pocket packs can be exchanged for postal orders to the value of £0.50-£3. As well as the £2.5m national television advertising, plans are being made for radio this Spring. *Kimberley-Clark Ltd. Tel: 0622 77700.*

**May cause drowsiness**

Do you often find it can be a little tiresome waiting for your generics deliveries?

With Hillcross Generics it's a different story. Because Hillcross offer rapid, efficient delivery, consistent product quality and competitive prices. Everything, in fact, to provide the sort of generics supplies service you'll never tire of. Hillcross Generics - it's quality delivered at the right price.

Please ask for this month's offers from your local AAH GROUP WHOLESALER

**HILLCROSS GENERICS**



# Added **Depth** to Cuticura



The relaunch of Cuticura soap is going to give everyone something to feel good about. Because, its new improved formulation contains a bactericide for really thorough cleansing. And, Cuticura is now even bigger, offering 18% more at no extra cost to you or your customers. In addition, you'll be able to offer your customers the choice of a new fragrance-free variant, for very sensitive skin.

Then we've given both Cuticura soap and Cuticura talc a new look with bright exciting packaging, that will look striking on the shelf and in the home.

In fact, we're even cleaning up with our promotional support package, with a spend of £1 million in women's press, PR and support material.

So you shouldn't be too surprised, when Cuticura goes clean off your shelves.



DEP (UK) Limited, PO Box 274,  
Sterling House, 165/175 Farnham  
Road, Slough, Berks SL1 4XJ.  
Telephone: (0753) 820743  
Telex: 848074.





## £<sup>3</sup>/<sub>4</sub>m for Bergasol

Bergasol sun preparations are being repackaged and relaunched with a £750,000 support package.

Suppliers Chefaro feel there is a degree of confusion among consumers about sun protection factors (SPFs) so Bergasol packs now emphasise skin type rather than SPF because people are thought to be more familiar with this classification.

Products have been divided into four basic skin types with a selection of oil, lotion or cream for each type. After sun and total block products complete the range.

Consumer advertising for the brand begins in May, running through the Summer, and includes women's Press and poster campaigns, says Chefaro. There will also be new POS material. *Chefaro Proprietaries Ltd.* Tel: 0223 312956.

## LRC keep it in the family

LRC are running a consumer competition in support of their recently relaunched Wrights coal tar soap.

Entitled "Happy Families", the competition offers the chance to win an Austin Maestro, a holiday or a video camera, with 1,000 runner-up prizes of family photograph albums. Entrants have to match the names of famous families to descriptions of them, and collect three proofs of purchase. Every correct entry will win a pack of Happy Families playing cards.

The competition runs until May 31, and will be supported with POS and a national door-to-door leaflet drop during the next two months. *LRC Products Ltd.* Tel: 01-527 2377.



## Vichy launch tanning gels

Vichy are adding a new range to their portfolio of sun preparations for 1988.

The oil-free gels include factor 4 (for progressive tanning) and factor 2 (for intensive tanning) formulations as well as an after sun gel.

The gels are non-greasy and formulated to feel fresh and cool on the skin, say Vichy. They all

contain vitamin F and a high proportion of moisturising agents.

Formulated for maximum tolerance, Vichy say the gels are suited to all skin types, particularly greasy skins.

The gels come in plastic tubes inside cardboard cartons to retail at £4.95 a tube, exclusively from pharmacies. *Vichy (UK) Ltd.* Tel: 0235 26747.

## New look for legs

Pretty Polly are launching two new styles for Spring.

Sheer heart tights are made of 100 per cent polyamide and come in black, oyster, dove blue and pastel pink. Size one is for hips 36in-42in (£1.20) and size 2, 42in-48in (£1.30).

Floral side seam tights and

stockings are 100 per cent polyamide and come in black, harebell, oyster and rosewood. Tights (£1.29) and stockings (£1.15) are one size. *Pharmagen Ltd.* Tel: 021 356 0478.

## Summer support from Roc

Roc have produced new display material for their sun preps range, and their latest skincare product Myosphere, both of which will also be backed by women's Press advertisements during 1988.

A new counter merchandiser holds the complete suncare range, with a headercard, and other new display material includes counter and window cards, consumer leaflets and an advice disc for stockists, showing the products recommended for different skin types and locations. The range will feature in colour advertisements during July and August, in *Cosmopolitan*, *Good Housekeeping*, *Options*, *She*, *Woman's Journal* and *Living*.

Advertising for Myosphere will appear in the same magazines plus *Harpers and Queen* from April. In-store support includes a counter merchandiser with tester and consumer leaflets, trial sizes and showcards. *Roc Laboratoires (UK) Ltd.* Tel: 01-235 9411.



## January sales

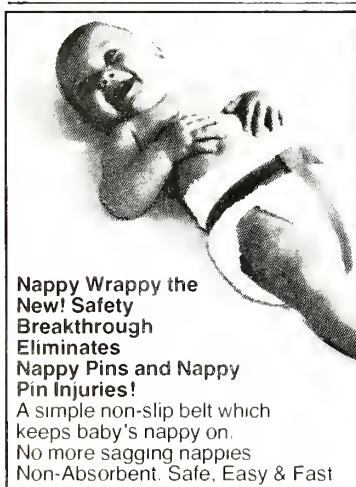
Numark Salesline kits in January include Bristows hairspray, Body Mist aerosol, Silvikrin shampoo and conditioner, Vosene shampoo and Sunsilk conditioner mousse.

Other keylines include Andrex, Dr Whites press-on towels, looped and Secrets, Durex, Kleenex for men, regular, travel and Pocket Pack, Milupa junior desserts and dinners, Recital Performance hair colours, Super Blonde and highlight kit, Tender Touch cotton wool and Vespere press-on towels.

Among the extra value items are Body Mist and Body Check aerosols and roll on and Oral-B

right angle toothbrush.

Family Carelines include Aspro Clear and Regular, Benylin, Clearasil Acne Treatment, Codis, Contac 400, Day Nurse liquid and capsules, Disprin, Junior Disprol tablets and suspension, Feminax, Germolene 2 ointment, Newskin and medicated footspray, Germoloids suppositories, ointment and toilet tissue, Kwells, Lemsip, Night Nurse liquid and capsules, Optrex lotion, Eye drops, Clearine drops and Eye Dew, Panadol, Panadeine, Preparation H and Sinutab. *Independent Chemists Marketing Ltd.* Tel: 0985 215555.



### NAPPY WRAPPY

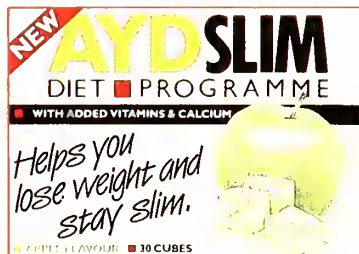
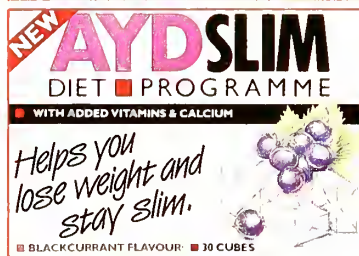
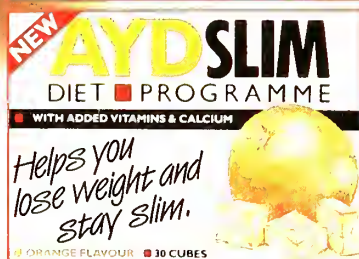
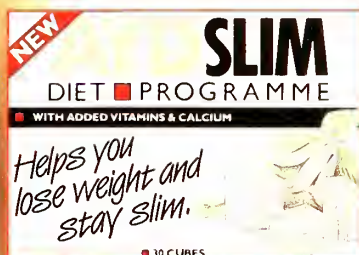
by Clippa Safe

Displayed on full colour hanging point of sale cards. Proven high volume sellers in Australia now manufactured under licence in the UK by Clippa Safe, Lanthwaite Road, Clifton, Nottingham NG11 8LD. Tel (0602) 211899 Fax (0602) 845554

**Nappy Wrappy the New! Safety Breakthrough Eliminates Nappy Pins and Nappy Pin Injuries!**  
A simple non-slip belt which keeps baby's nappy on.  
No more sagging nappies  
Non-Absorbent. Safe, Easy & Fast



# In Dependable new shape Ayd·Slim



New Ayd·Slim is getting itself into great shape. By adding vitamins and minerals, Ayd·Slim can help your customers to cut down on the calories without cutting out the goodness. In every pack they'll find a new diet programme booklet. And with four new flavours, it's definitely going to be to everyone's taste.

New Ayd·Slim will be appearing as full colour advertisements in women's press, supported by eye-catching promotional items and a year-round PR campaign. So it's certainly going to be noticed.

In fact, with more and more people shaping up with Ayd·Slim, the only thing that will be increasing in size will be your sales.



# AYD SLIM

DIET ■ PROGRAMME



DEP (UK) Limited, PO Box 274, Sterling House,  
165/175 Farnham Road, Slough, Berks SL1 4XJ.  
Telephone: (0753) 820743 Telex: 848074.



# "Product reliability should Product liability"

**The Consumer Protection Act of 1987 is scheduled to come into force on March 1st 1988.**

A recent survey suggests that 7 out of 10 pharmacists would like to know more about Strict Product Liability.

The concept of Strict Product Liability to be made law through the Consumer Protection Act 1987 imposes greater responsibility on you as a community pharmacist with likely effect from 1st March 1988.

As medicines supplied on prescription will be covered by this new Act, special care needs to be taken with regard to generic products if you are to minimise your risk in this area.

## THE PROFESSIONAL VIEWPOINT

"A consumer injured by a defective product would generally look to the supplier from whom he had received the goods or the manufacturer, if he knew his identity. As a community pharmacist was not the producer of the majority of the products he sold or dispensed, he could absolve himself of liability imposed by Part I of the Act (as could any other retail supplier) by naming his supplier, or the producer of the product in question."

Mr C. T. Newton  
Department of Trade and  
Industry Consumer Affairs Division

"To ensure that the pharmacy profession protects itself in the event of a product liability claim the most effective way is always to know the product manufacturer. It is equally important to purchase from a supplier who would be able to meet such a claim. In the case of generics, a commitment to original pack dispensing, code-identifying products, continuity and consistency of product, in addition to a wide product range and company reputation, must be strong considerations in determining your regular source of supply."

Alan Smith, Chief Executive, PSNC



"The National Pharmaceutical Association is advising members to buy generic medicines from "reputable sources", preferably from manufacturers prepared to code their products for ease of identification."

Tim Astill, Director  
National Pharmaceutical Association

"To protect themselves under the new Act pharmacists should rationalise their generic buying and always buy particular product lines from a single reputable source."

Peter Dodd, Managing Director, UNICHEN



## PRODUCT CONCERN

# e your concern . . . should be ours''\*

## YOUR MANUFACTURERS RESPONSE

To ensure that pharmacists' liability is contained, the advice from the relevant professional bodies is for pharmacists to know the producer of the generic product being dispensed. This can best be satisfied by purchasing consistently from a reputable supplier.

APS accept that the legal rights of the patient and pharmacist under the Product Liability provisions of the new Consumer Protection Act can best be protected through the Original Pack Concept (OPD) and the manufacture of code-identified generic products.

In the current climate of changing legislation, APS will continue to satisfy the needs of the pharmacy profession and achieve the highest standards of pharmaceutical manufacture by offering you:

- A progressive policy of manufacturing code-identified products including sugar-coated tablets.
- A commitment to OPD.
- The introduction of unique patient packs for ease of dispensing and patient acceptability.
- Substantial protection in the event of a product liability claim.

\* Keith B. Hemingway, Managing Director  
Approved Prescription Services Ltd.



# The British Standard

Approved Prescription Services Ltd.

Whitcliffe House, Whitcliffe Road, Cleckheaton, West Yorkshire BD19 3BZ.

Telephone: (0274) 876776 Telex: 51561 APSTAB G Facsimile: (0274) 862237



# £2m launch for Disprol



Reckitt & Colman have introduced Disprol (500mg paracetamol) in an extension to their Junior Disprol range, and to complement their soluble aspirin brand Disprin.

Disprol is presented in packs of 8 (£0.39) and 24 (£0.99) as an "easy to swallow" tablet. It is

indicated for relief of pain in migraine, headache, backache, period and rheumatic pain, dental pain and symptoms associated with colds and flu.

Advertising support for the launch includes a £2m national television campaign, which Reckitt & Colman say is the "most significant launch support in the analgesic market for the past five years". A range of point of sale material is available from representatives together with special introductory terms. Reckitt & Colman. Tel: 0482 26151.



## Gluten free goodies

Welfare Foods have launched two new products into the range of Rite-Diet gluten free products.

Muesli cookies (100g, £1.05) contain raisins, nuts and sesame seeds. Crunchy bars (40g, £0.35) come in two varieties — carob and fruit 'n' nut — and are high in dietary fibre. The bars come in display outers of 12. The products are also wheat, milk, egg and lactose free.

Rite-Diet gluten free rich fruit cake (538g £3.50) is being

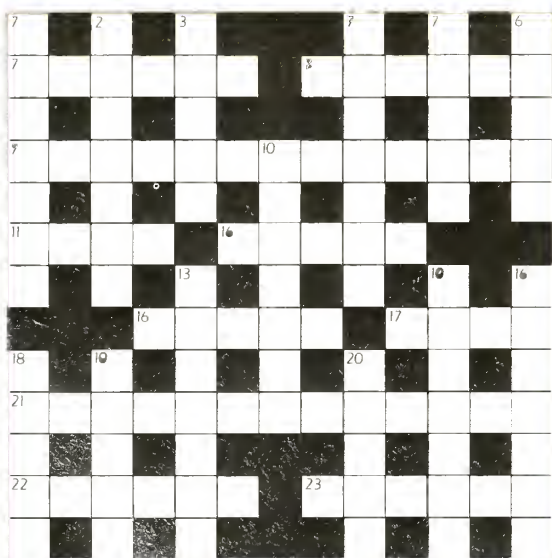
relunched with a new recipe using no artificial colours or flavours. Welfare Foods (Stockport) Ltd, tel: 0625 877387.

## Doubling up

Intercare have introduced new pack sizes for both Hemocane cream and suppositories. The new 45g cream costs £2.45 and the suppositories £2.70. Intercare Products Ltd. Tel: 0734 793988.

## WYETH GENERICS PHARMACY CROSSWORD NO. 2

The solution to No. 2 will appear alongside No. 3 in March, 1988.



### Clues Across

- 7 Twist (in, say) to avoid madness (6)
- 8 Elecampane carbohydrate (6)
- 9 Sir David Bruce gave this infection his name (8 5)
- 11 Somewhat queer seeming language (4)
- 12 A tale of gold found in the dirty house (5)
- 16 No life in this German condition (5)
- 17 Magnesium silicate in other words, some calculate (4)
- 21 With true pharmaceutical skill, the Roman way (8 5)
- 22 Sambucus, but several and getting on (6)
- 23 Plant has head cut off to treat constipation (6)

### Clues Down

- 1 This quality you can be certain of with Wyeth (7)
- 2 Apply a protective oxide film (7)
- 3 Use to make a spirit stationary (5)
- 4 Common to every batch of a Wyeth generic (7)
- 5 Aromatic bud for many to adore (5)
- 6 Characteristic of sound sleep? (5)
- 10 The ballet skirt's catch is with you twice (in France) (3 4)
- 13 Where to pack a cran of yen? (7)
- 14 Snake confused with a flier for the fetter bone (7)
- 15 Scuttle a cheat and you'll have the rep back (7)
- 18 Seats form a plus for any pharmacy (5)
- 19 pH droppers as the Spanish leader enters (5)
- 20 Spars are made to abrade (5)

### Solution to Puzzle No. 1

Across: 4 Somewhat 8 Lemon, 9 No sweets, 10 Terminus, 11 School, 12 Kitty, 13 Iron fist, 16 Tennyson, 19 Cut it out, 21 Chaste, 23 Nuffield, 24 Schizont, 25 Eights, 26 A loan due. Down: 1 Generic, 2 Formation, 3 Pyknic, 4 Sensation centre, 5 Must stop, 6 Wyeth, 7 Actions, 14 Farthings, 15 Asteroid, 17 Ethical, 18 Quality, 20 Toffee, 22 Spina.

**Prizes of £5 will be awarded to the senders of the first 10 correct solutions drawn on 5th March 1988.**

Name \_\_\_\_\_ No. 2 \_\_\_\_\_  
Address \_\_\_\_\_

Compile your own & win £50

Send your crossword to Wyeth Generics. If it's selected for publication here, we'll send you £50. Puzzles should be no larger than 13x13 squares.

Get the right result with

**WYETH\*  
GENERICS**  
QUALITY ASSURED

## The window is the key

Nicholas Laboratories are running a window display competition for chemists on the Rennie brand.

The competition, entitled "Your Key to Success", runs until April 30. Chemists are encouraged to make Rennie the "star" of their window, with the aid of display material from Nicholas representatives. The prize, for six winners, is an expenses paid weekend for two in London, including hotel accommodation and a trip to see "The Phantom of the Opera". All entrants will receive a mystery prize.

Leaflets detailing the scheme are being distributed by Nicholas representatives. Entrants must build a display using all three variants, with the theme "Rennie, your key to fast relief". The displays will be judged via photographs submitted, and prizes will be awarded to the most innovative and eye-catching displays. Nicholas Laboratories. Tel: 0753 23971.





## OUR FACIAL MUSCLE SHOULD RAISE A SMILE OR TWO.

This year we'll be running an exciting on-pack promotion called 'Money by Mail'. Your customers can claim postal orders to the value of 50p, £1, £2, and £3, by collecting proofs of purchase from the 'Money by Mail' packs.

We'll also be spending £2.5 MILLION on advertising, including the launch of a new television commercial.

All in all it's a lot of muscle. So stock up on the special packs, and your customers will have something to smile about.



BE ASSURED BY THE MARK  Kimberly-Clark



# Gillette go back to nature

Gillette are launching a new deodorant range, based on demand for "natural" products.

Natrel Plus is available in aerosol, roll-on and solid presentations, and in three fragrances; Fougere, designed to be unisex; Ylang, to appeal to women and Xores, for men. The variants are based on successful French fragrances, and are designed to be longlasting.

The company conducted pre-launch research to rationalise the number of fragrance/presentation combinations. Consequently the aerosol formulation of Natrel Plus is offered in all three fragrances, the roll-on in Ylang and Fougere, and the solid in Fougere alone.

Packaging is predominantly white, with colour coding to identify the fragrances: coral pink for Ylang, navy blue for Xores and Fougere in jade green.

The products include a natural plant extract, mentioned on the pack along with the proposition "Works in harmony with your body".

Support for the range includes

a £3.5m advertising programme beginning in March. A £1.2m burst of national television runs throughout the month, followed by a £300,000 women's Press campaign running throughout April, May and June, backed up by a further burst of television from the beginning of May until the end of July, worth £2m.

The company aims to generate trial with a coupon drop to 6 million households around the country, offering a 15p off voucher and a competition to win a holiday.

In-store support includes trial size aerosols (75ml £0.49), testers and a range of display material including floor stands, countertop merchandisers, headcards, shelf reservoirs and door stickers.

For the launch period the range will feature special prices of £0.99 and £1.09 for the aerosol and solid respectively, and a 10ml extra free offer on the roll-on, and in the Summer there will be offers of 50 per cent extra aerosol and 25 per cent extra roll-on. *Gillette UK Ltd. Tel: 01-560 1234.*

# You'll be Shocked.



Panasonic Industrial UK Ltd, 280-290 Bath Rd, Slough, Berks SL1 6JG Tel 0753 73181



## ON TV NEXT WEEK

G TV Grampian	U Ulster	STV Scotland (central)
B Border	G Granada	Y Yorkshire
C Central	A Anglia	HTV Wales & West
CTV Channel Islands	TSW South West	TVS South
LWT London Weekend	TTV Thames Television	TT Tyne Tees
C4 Channel 4	Bt TV-am	
<b>Actifed:</b>	All areas	
<b>Askit powders:</b>	GTV,STV	
<b>Badedas:</b>	All areas	
<b>Beecham's Hot Remedies:</b>	All areas	
<b>Beecham's powders:</b>	All areas	
<b>Benlyin:</b>	All areas	
<b>Buttercup cough syrup:</b>	All areas	
<b>Contac 400</b>	TVS,LWT,TTV	
<b>C-Vit:</b>	All areas	
<b>Day &amp; Night:</b>	All areas	
<b>Dentu-creme:</b>	All areas	
<b>Durex:</b>	C,A,TVS,LWT,TTV	
<b>Farley's Rusks &amp; cereals:</b>	Bt	
<b>Fiesta kitchen towels:</b>	All areas	
<b>Hill's Balsam:</b>	G,Y,TT	
<b>Karvol:</b>	All areas	
<b>Mediquell:</b>	GTV,STV, C4	
<b>Nurofen:</b>	All areas	
<b>Paracodol:</b>	All areas except GTV & B	
<b>Proflex capsules:</b>	Y	
<b>Robinsons baby foods and juices</b>	TVS,TTV,Bt	
<b>Robitussin cough medicine:</b>	All areas	
<b>Sanatogen:</b>	All areas	
<b>Sensodyne toothpaste:</b>	All areas	
<b>Seven Seas cod liver oil:</b>	All areas	
<b>Simple skin care:</b>	All areas except LWT	
<b>Simplicity:</b>	All areas	
<b>Sinutab:</b>	C4	
<b>Strepsils:</b>	All areas	
<b>Super Poli-grip:</b>	All areas	
<b>TCP liquid</b>	All areas except CTV & LWT	
<b>Triogesic decongestant</b>	All areas	
<b>Venos</b>	All areas, C4,Bt	
<b>Wella Balsam</b>	All areas	



## Express POS

New point of sale material is available for mini-labs participating in the "Kodak Express" quality control service programme. All items carry the red and yellow "Kodak Express" message.

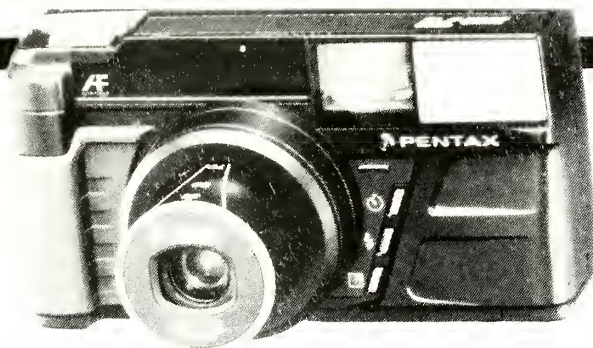
Seven new items are offered. A counter mat and an open/closed sign are free of charge, together with a fun pack containing 50 pin badges and 120 stick badges. A tie, neck scarf, clock and price list can be purchased. *Kodak Ltd. Tel: 0442 61122.*

## Konica make it a date

Two new "remember when" kits from Konica feature databack compact cameras.

One outfit includes the Popdate (£35.20 trade) and the second the MT9 (£63.35 trade). Both are available in red or black and the kits include Konica SR-V film, two batteries and strap.

The cameras enable the time pictures are taken to be printed on photographs. *Konica (UK) Ltd. Tel: 01-751 6121.*



## Compact of the year

The Pentax Zoom 70 has been voted "1988 camera of the year" as well as "compact camera of the year" in the recent *Camera Weekly* magazine awards.

Pentax say the judging panel

declared the Zoom 70 overall winner as "one of the most influential cameras for years, finally bridging the gap between compact and reflex cameras." *Pentax UK Ltd. Tel: 01-864 4422.*

## New look

Melbrosia pld (£7.95/30 capsules), the food supplement for menopausal women has been relaunched and repacked. It is being backed by a £115,000 consumer advertising campaign, PR and point of sale material.

Colour posters featuring the "Melbrosia woman", shelf talkers, giant packs and full information leaflets are available from wholesalers. *Reevecrest Ltd. tel: 04868 25738.*

## Two's company

Two's Company — the sheath and spermicidal pessary contraceptive — is being promoted in March by means of a public relations campaign in consumer magazines and newspapers.

For the past 10 years the product has been primarily a clinic brand available through Family Planning Sales Ltd. The distributors, Protective Health Products, say they are now concentrating on retail outlets —

## Smelling ads

Cox Pharmaceuticals will be advertising Mackenzies Smelling Salts for the first time in the product's 100 year history.

The campaign will feature 225 thirty-second spots on Radio Trent and Radio BRMB and there are plans to extend to other areas later in the year. Competitions will be run in conjunction with these. A radio cassette will be the prize for a mystery shopper display competition and for counter assistants there will be a word search with the prize of Marks & Spencers shopping vouchers. *Cox Pharmaceuticals Ltd. Tel: 0271 75001.*

pharmacies, drugstores and supermarkets.

The sheath has been laboratory tested as a barrier against the AIDS virus and the pessaries contain the spermicide nonoxynol-9, which is also active against HIV.

Each pack of Two's Company contains ten sheaths and ten pessaries (£3.99). *Distributors Protective Health Products. Tel: 01-986 0216.*

# The Sweet Smell of Success! ❀

Following the successful launch of the Supreme Collection, it has been selected as the free trial offer to be cover-mounted on the 23rd January, issue of *Woman's Realm*.

There will be a full colour, full page feature inside the magazine to outline all of the Supreme Collection's benefits.

And in addition, the issue is to be supported by a major national T.V. campaign.

*Woman's Realm* is one of the most widely read magazines of its kind with over 700,000 copies of every issue, which are eventually read by some 1,932,000 women.

They'll be looking to you to supply them with Supreme fragrances, so stock up NOW!

Contact the exclusive distributor:

Richards & Appleby Ltd.,  
Gerrard Place, Skelmersdale, WN8 9SF.  
Tel: 0695 20111. Telex 628366.



**Will you have enough stock?**

\*NRS 1987



It's amazing how much support Numark chemists receive in return for this modest amount.

For a start there's the Numark finance scheme for those who want to raise additional funds.

Numark's shop development service for those who want to maximise the profitability of their existing premises.

Subsidised Numark fascias and free Numark point of sale and identification materials.

A simple but effective ordering system backed by an efficient but low cost distribution service.

An extensive wholesaler network

Comprehensive kits of merchandising materials.

A bi-monthly newspaper and regular national conventions to keep all Numark chemists up to date with what's going on in the marketplace, and in the organisation.

Special offers, prizes and a Goldline discount card for Numark chemists themselves.

Regional committees through which Numark chemists can express their views about how Numark should be run.

And even assistance with the training of staff.





# £/3 KEEPS HIM HEALTHY ALL THE YEAR ROUND.

supplying a comprehensive OTC and ethical range supported by a professionally staffed central office.

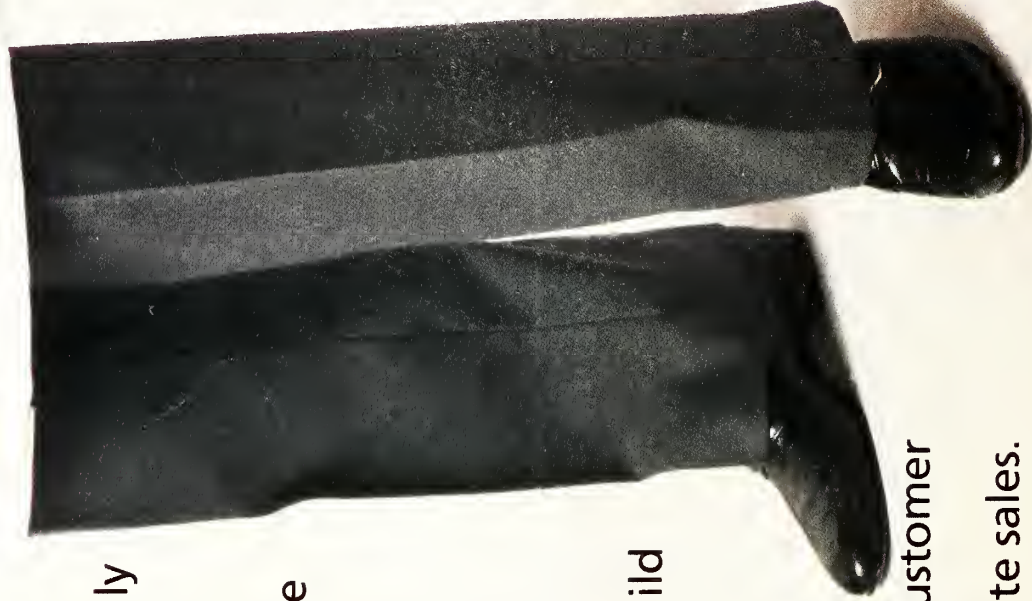
This means you get personal service on a local basis, but also enjoy all the benefits offered by a national group.

An ever expanding range of competitively priced Numark products that build customer loyalty.

Heavyweight national advertising campaigns in conjunction with regular customer competitions and promotions to stimulate sales.

So if you want to keep your business in the best of health for twelve months of the year, become a Numark Chemist now.

Contact your local Numark wholesaler or Geoff Bass at Numark Central Office, 51 Boreham Road, Warminster, Wilts BA12 9JU, telephone (0985) 215555.



*Makes you money*



## Maintenance contracts

Many businesses often buy equipment and at the same time take out a maintenance contract to ensure proper servicing. The equipment could be fire or burglar alarms, cash registers and more frequently recently, computer equipment.

It is important, before signing such a contract, to know precisely what the terms are. For example, the contract may not be an annual one but designed to last for a number of years, eg three or five. This could mean that even if the equipment is removed from the premises the maintenance charge still has to be paid until the contract runs out.

Again, look very carefully at the charge made and see what provisions are made for increasing the sum due. Increased charges may be at the discretion of the firm carrying out the maintenance and this can involve heavy unexpected costs.

See what service will be provided — will there be regular inspections and if new parts are required will there be an extra labour charge on top of a charge for parts.

Such contracts should be studied carefully before signing. If the conditions are not understood, write to the maintenance firm and do not be satisfied with anything less than a written reply.

## New tax concessions

The Government has introduced new tax concessions which affect directors and higher paid employees. As is known, tax is normally payable on all benefits and expenses received by these individuals. This applies even though the benefit or expense is paid for by a third party.

In the Finance Bill which is to be introduced this year (and backdated to April 6, 1987) there will be provision for exempting from tax, entertainment that a person receives from someone outside the business, including hospitality and entertainment at sporting or cultural events.

Also exempt from taxation will be gifts in kind by third parties where the value in any one tax year of gifts received by the employee do not exceed £100.

Although the concessions mentioned above will not apply to entertainment or gifts provided by the business this does not affect the exemption already in force whereby an employer can

# POINTS OF LAW



provide, without taxation arising for the employee, a Christmas party or similar function where the cost per head does not exceed the £30-£35 range.

If an employer pays for an employee's travel between home and work, this is normally treated as a benefit to the employee and therefore taxable. However, under the new concession where any employee on an irregular basis has to work late and public transport has stopped or is such that it would not be reasonable to expect an employee to use it, then the employer can pay for a taxi for the employee and this cost will not be taxed. (Working late means after 9pm and irregular means less than 60 times a year).

## New law on retail prices

Shortly, the Government is to bring in new laws on the pricing of goods and services which will affect all retailers and those providing services and accommodation.

Under the law, it will become an offence, punishable by a fine, to mislead consumers in any way about prices for goods and services. It will also be a breach of the new law to make comparisons with prices for goods or services offered elsewhere, which are not

founded on fact. Thus a slogan or statement saying that what is being offered is the cheapest in town, without any real foundation, could result in a fine.

This law is to apply to goods and services intended for a private use. So it will not be illegal for a manufacturer to push the prices of his goods in a misleading way to a wholesaler or a retailer.

It will be a defence to prove that in quoting a price, information provided by other people was relied on, provided it can be shown that it was reasonable to rely on that information without making further inquiries.

All these provisions are to be made under the Consumer Protection Act 1987. The law on prices is expected to be made early this year.

## Recovering NI pay outs

All those who employ staff will wish to note the arrangements for compensating employers for their share of the National Insurance contributions payable on both Statutory Maternity Pay (which came into force last April) and Statutory Sick Pay.

The amounts paid out on the substantive benefit can already be recovered by the employer from

the contributions for National Insurance sent in monthly to the Inland Revenue. However, the compensation for what are known as the associated secondary (employers) National Insurance contributions is recovered in addition by a percentage on the actual Statutory Maternity Pay and on Statutory Sick Pay.

The percentage for the current tax year has been fixed by the Government at a rate of 7 per cent.

## Compulsory sale

The time might come when some public body or other obtains a compulsory purchase order for a pharmacy, for example. If all efforts to get the purchase stopped fail, compensation will have to be considered.

The owner is first entitled to the open market price for any interest in the premises — whether they be freehold or held on a lease. The value is assessed on the basis that the compulsory purchase order had not been made.

Then the owner is entitled to compensation for reasonable expenses or losses arising from the order. In assessing compensation for loss of business or trade under this heading account will be taken of the possibility of relocating the business. If this proves impossible then the full market value of the business assessed as a going concern will be paid.

If the business is relocated then the owner can receive the removal expenses, cost of alterations to equipment, furnishings and fittings on the new premises, any losses on stock, reconnection charges for telephones and other incidental and legal expenses.

Although the public authority is not legally obliged to find alternative premises, it will normally do its best to assist.

If the owner is over the age of 60 he or she can require compensation to be based on the total extinguishing of the business provided a similar business, is not opened up again in the area.

There are provisions for advanced payments and also regulations to allow any disputes on compensation to go to a tribunal for settling. However, because the regulations are complex and because professional help over compensation is usually needed, it is advisable to go to a chartered surveyor or solicitor. They will represent the owner in the negotiations and their fees will be paid by the authority as part of the compensation.



# SHOWRAX

## Planning a professional image for the pharmacy.



We know that as a practising pharmacist you take a professional pride in the service you provide as a valuable link in the chain of community health care.

Our aim is to help you reflect this professional image to your customers by creating a more efficient and pleasant retail environment.

As the largest shopfitting company in the UK, our range of equipment for both shop and dispensary is amongst the finest available. But the extra value of the Showrax service lies in the vitally important expert advice our consultants can offer on how to maximise the profitability of your sales area and plan your dispensary for total efficiency. To discover how you can benefit from this valuable service, simply return the coupon today. We'll also send you our latest brochures on shop and dispensary planning.



To: Baxter Fell Northfleet Limited,  
Tower Works, Lower Road, Gravesend,  
Kent DA11 9BE

Please tell me more about your consultancy service and send me your new brochures.

NAME: \_\_\_\_\_

NAME OF SHOP: \_\_\_\_\_

ADDRESS OF SHOP: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tel: \_\_\_\_\_

CD 16/1

**BFN**  
**SHOWRAX**

Tel: South (0474) 60671,  
North (0204) 793316, Scotland (03552) 38521.



# MERRELL DOW SURVEY ON HEADACHES

## REVEALS OPPORTUNITIES FOR PHARMACISTS IN TENSION HEADACHE AREAS

Over one adult in four suffers headaches caused by stress was the staggering figure revealed by a national poll survey on headaches, commissioned by Merrell Dow Pharmaceuticals. Proving that there is a high percentage of adult headache sufferers, who are experiencing not just ordinary headache, but the most common headache of all — Tension Headache, which is caused by stress.

The aim of Merrell Dow with this survey was to establish just how much the consumer knows about the Tension Headache condition, its causes and its treatment, and to confirm that, in this pressurised age, Tension Headache is a distressing medical condition experienced by a wide number of people.

Covering all socio-economic groups in Great Britain aged 16 and over, the Headache Survey conducted by Gallup revealed many significant facts and figures. It especially highlighted the opportunities to pharmacists to exert their professional role by giving advice and counter prescribing for customers describing Tension Headache symptoms.

### WHO SUFFERS HEADACHES?

Two out of three adults were found to suffer from a headache with 34% sufferers giving nervous strain and tension as the biggest single cause of their headaches — an incidence which increased to 43% if other stress related causes were included.

- 47% women sufferers gave stress and tension related factors as causes of their headaches.
- The age group which claimed to suffer most from headaches due to stress and tension related factors was the 25-34 age group.

### WHAT CAUSES HEADACHES?

The main causes of stress headaches proved not to be physical, such as eye strain, food, feeling ill, hangover/alcohol, watching TV, but were identified as:—

1. Pressure of work — (37% of sufferers)
2. Family worries — (18% of sufferers)
3. The pace of living — (17% of sufferers)
4. General worry/tension — (12% of sufferers)
5. Money problems — (9% of sufferers)

These factors are well recognised as causes of Tension Headache.

People of 65 and over suffered Tension Headaches mainly due to general worry.

### TENSION HEADACHES — HOW AND WHERE THEY AFFECT BEHAVIOUR

Tension Headaches do have a very real effect on people and their behaviour, whether at home or at work.

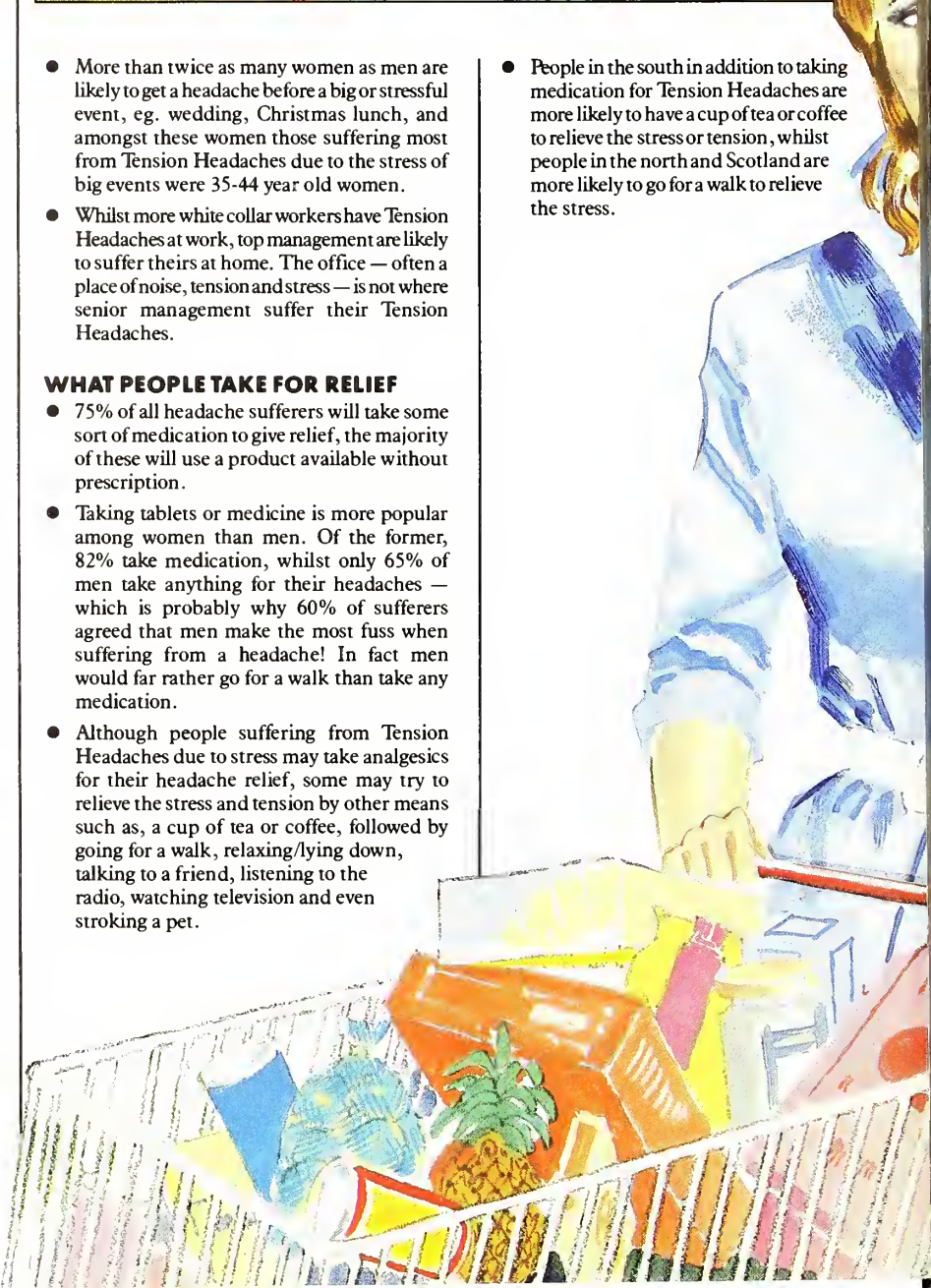
- 51% of women sufferers claimed to become irritable with their family at home.
- Nearly 20% of men become irritable at work because of headaches caused by stress.
- One in four headache sufferers when faced with a major event will suffer a Tension Headache due to the stress of the actual event, with two thirds of these getting the Tension Headache before the actual event.



- More than twice as many women as men are likely to get a headache before a big or stressful event, eg. wedding, Christmas lunch, and amongst these women those suffering most from Tension Headaches due to the stress of big events were 35-44 year old women.
- Whilst more white collar workers have Tension Headaches at work, top management are likely to suffer theirs at home. The office — often a place of noise, tension and stress — is not where senior management suffer their Tension Headaches.

### WHAT PEOPLE TAKE FOR RELIEF

- 75% of all headache sufferers will take some sort of medication to give relief, the majority of these will use a product available without prescription.
- Taking tablets or medicine is more popular among women than men. Of the former, 82% take medication, whilst only 65% of men take anything for their headaches — which is probably why 60% of sufferers agreed that men make the most fuss when suffering from a headache! In fact men would far rather go for a walk than take any medication.
- Although people suffering from Tension Headaches due to stress may take analgesics for their headache relief, some may try to relieve the stress and tension by other means such as, a cup of tea or coffee, followed by going for a walk, relaxing/lying down, talking to a friend, listening to the radio, watching television and even stroking a pet.





- 87% of all headache sufferers keep a packet of analgesics in their home. Even more surprisingly 23% of all women who suffer headaches carry a pack with them at all times, whilst only 9% men suffering carry a pack at all times.
- 24% of Tension Headache sufferers carry a pack of analgesics at all times.

#### IGNORANCE A PRIME FACTOR

- One in three headache sufferers do not know the difference between a migraine and Tension Headache — of the under 25 age group 41% did not know the difference and in the over 65 age group 50% also didn't know.
- Although three out of four taking medication will stick to the recommended dosage, almost half the sufferers had no idea what the ingredients were in a headache tablet.
- Only 14% of those interviewed understood what a Tension Headache was, which only goes to emphasise the extreme need for education — both for sufferers and potential sufferers.

The pharmacist can play a key role in explaining the causes of Tension Headache and the steps the sufferers can take to offset symptoms.

The survey found that the least informed age groups were the under 25s and over 65s.



Senior product manager for Merrell Dow Pharmaceuticals, Barrie Friend, observed: "It would seem that overall there is a great need for education — not only on what constitutes a Tension Headache, but also what its causes are, and what steps can be taken to obtain relief. There are still a great many people suffering in ignorance — offering pharmacists many opportunities to counter prescribe for people describing Tension Headache symptoms. With the new leaflets which we have produced we aim to support the pharmacist in creating greater awareness for this problem area, and the benefits of asking them for their professional advice."

#### TENSION HEADACHE RELIEF FROM MERRELL DOW

Merrell Dow Pharmaceuticals Ltd spend much time researching the condition of Tension Headache and have produced an effective product specially formulated for Tension Headache relief — SYNDOL\*

SYNDOL\* is specially formulated for Tension Headache, which arises as a result of the stress and pressures of everyday life. These pressures generate a cycle in which increased tension in the muscles around the head gives rise to the characteristic head pain of Tension Headache. The greater the head pain the more the sufferer can feel under stress so the cycle repeats itself.

SYNDOL\* has a special formulation which helps relieve pain and muscular tension:

- Codeine and paracetamol block pain fast.
- SYNDOL\* has a proven action which helps relieve the muscular tension of Tension Headache.

In clinical studies SYNDOL\* has been shown to successfully combat the pain of Tension Headache with 97% of attacks showing initial relief within 30 minutes.

Pharmacists can confidently recommend SYNDOL\* to customers describing one or more of the following symptoms often associated with Tension Headache:

- "A vice-like pressure on top of the head"
- "A pressure on top of the head"
- "Pain in the forehead or neck"
- "A severe headache sometimes lasting all day"
- "Incomplete relief from (simple) analgesics"

#### ADVICE AVAILABLE FOR TENSION HEADACHE SUFFERERS

It emerged from the survey that many sufferers not only misunderstood the symptoms, they appeared to be unaware of the right kind of treatment and approach which could alleviate the pain altogether.

As a result Merrell Dow has produced a series of helpful and informative leaflets, issued by the Syndol\* Advisory Service for Tension Headache, for the benefit of both pharmacists and their customers.

These leaflets cover the stress related areas at home and at work, giving a full explanation of Tension Headache, its causes, various kinds of treatment and how to avoid Tension Headache. Tension Headache suffering consumers will be able to write away for these leaflets or pick them up in their local pharmacy.

Pharmacists will find these leaflets useful when faced with sufferers not understanding the Tension Headache condition and they can use these leaflets to reinforce their counter prescribing. Supplies will be made available to pharmacists through Merrell Dow representatives or directly from Merrell Dow Pharmaceuticals, Stana Place, Fairfield Avenue, Staines, Middlesex TW18 4SX.

"By understanding the causes we believe the sufferer will be able to deal with the symptoms as effectively as possible" said Barrie Friend.

The first three leaflets: HEADACHES EXPLAINED HEADACHES AND THE HOUSEWIFE HEADACHES AT WORK are available now, and more are planned for the future.

This survey was commissioned to offer pharmacists further in-depth background information to support their counter-prescribing for Tension Headache.

\*Syndol is a Trademark of Merrell Dow Pharmaceuticals Ltd.

**Merrell  
Medicines**  
Confidence in pharmacy





**“W**hen properly organised exchange centres with qualified counsellors are up and running, there will be no need for us. Until then our role is vital and lifesaving,” says Mr Clitherow.

He believes the main purpose of pharmacists' involvement in needle exchange schemes should be to attract drug abusers into a counselling system which, hopefully, will wean them off drugs for ever. No pharmacist should give free equipment without also giving advice, he says. The supplies are merely the carrots to draw drug abusers into the system. And in Liverpool the idea seems to be working.

Besides running a needle exchange scheme from his own pharmacy, Mr Clitherow is also chairman of the Drug Dependency Problem Team at Liverpool's Drug Dependency Clinic. When he first joined the team two years ago, he saw a role for pharmacists in making contact with iv drug abusers who, by sharing equipment, were at grave risk of transmitting HIV infection. That was health promotion at work, in pharmacy.

“I thought that if we could make syringes and needles readily available to all drug abusers intent on injecting, that would stop them sharing,” he explains. “Once we had given them the incentive to contact us, preferably without registration, we could gain their confidence and start on the proper task of counselling and putting them back on the path to the ultimate goal — the drug-free state. We try to persuade them to register with a clinic by advising them how foolish it is to buy adulterated drugs at high prices on the black market. We say that by registering with a clinic they will have a pure drug which will maintain them, or if they wish they can undergo detoxification. Their disposable income will go up because they won't need to turn to crime to finance their habit.”

### Anonymity

“The beauty of pharmacy is its anonymity. All abusers are terrified of being found out. They feel that once their name and address is on a list it heralds the arrival of the blue transit van, but that isn't the case. Our job is as an initial filtration unit. The drug abuser should always be met by the pharmacist, never by unqualified staff. In Liverpool we give advice, possibly syringes and needles, and always information leaflets, then we channel them to qualified counsellors. No supplies are given to children under 16. The advantage of pharmacy is that we have distribution throughout the community, which drug dependency clinics do not.”

The clinic is in central Liverpool and is not associated with any hospital. The Drug Dependency Problem Team, which meets monthly, has social workers, probationers, education and welfare officers, the head of the drugs squad, and GPs as well as pharmacists among its members. Their work is purely counselling and administrative, rather than clinical. In the first six months of full operation up to September 1987, they had given out 36,493 syringes and had 29,913 returned, an 82 per cent return rate.

The aim is to issue equipment only on a new for old basis, but in practice no addicts are refused supplies because the alternative might be to share. If drug abusers ask for more needles in his pharmacy without producing old ones, Mr Clitherow tries to find out where they have left the old ones and tells them he is worried about safe disposal.

At 3.6p for a 2ml syringe and needle,



Jeremy Clitherow

provided by the district health authority, the costs are minor compared with the cost of treating an AIDS patient. The DHA also supplies free condoms, but the latter have had a surprisingly low uptake.

Removal of contaminated syringes should take place at the same rate as their distribution. Mr Clitherow investigated all methods of disposal and decided the Rentokil system was the safest and best. It costs £1 a week and in his area is funded by the DHA. All police stations in Merseyside have sharps disposal boxes and Mr Clitherow believes all pharmacies should too, even if only for diabetics. “We should offer this service free. Many pharmacists are frightened of adverse customer reaction but this is a misplaced fear.”

Some pharmacies have opposed needle exchange schemes because they are worried about “undesirables” being attracted into the pharmacy. Mr Clitherow points out that the typical drug abuser is not the scruffy stereotype portrayed by the media but a young person left with the aftermath of a foolish experiment that's gone terribly wrong. The “average” is a man of about 20 who lives at home with his parents and is unemployed. As he progresses down the slippery slope of drug abuse he invariably gets into trouble with

the police because he needs to resort to crime to finance his habit.

“One thing to remember is that drug abusers who are registered attend a drug dependency clinic where there are house rules. Patients know that if they misbehave at the clinic at the pharmacy they are breaking the rules and will be in trouble. Most don't want to remain dependent but genuinely want to come off drugs.”

“They can, however, get fractious if you mismanage them. By the time a drug abuser comes to a pharmacy for his prescription he is often already ‘strung out’ so it is very unkind and foolish in the extreme if you tell him to come back later or not bother you when you're busy. Why not treat him properly? Let him maintain his dignity and tell him his script will be ready at such and such a time every day. Have it ready made up and wrapped and explain quietly what's in the package. There's no point in humiliating him by talking down or throwing a handful of needles on the counter.”

Some pharmacists have been worried that providing free equipment could encourage more people to inject. So far, Mr Clitherow has no evidence to disprove this theory, nor is there any evidence to prove it. “Only a small percentage of the population abuses drugs and an even smaller percentage injects, so even if syringes and needles were lying around they wouldn't tempt non-injecting drug abusers because it's not their method of abuse. Much depends on local fashions. Most drug abusers in Liverpool smoke, whereas in Edinburgh nearly all inject. Education of the groups likely to be tempted is all important.”

There is no need for any pharmacist to participate in a needle exchange scheme against his will. Mr Clitherow thinks an adequate service can be provided by as few as 10 per cent of pharmacies. In his own Local Pharmaceutical Committee area, only 20 of the 133 pharmacies dispense FP10(Ad)s and only about half of these operate a needle exchange scheme. That is sufficient.

Although he never takes names and addresses of drug abusers at his pharmacy, he believes his success rate of referrals for counselling has been very good, based on information he has received back from the clinic. In the Liverpool district there are no HIV positive injectors who have been contaminated at home, and in the region there are eight seropositive drug abusers who were

## Which syringe?

**While the decision to offer diabetics single-use syringes on the NHS may have been prompted by concern about AIDS, patients have their own reasons for preferring one type over another. This article looks at the choices.**

There are two main types of disposable syringes — those with detachable needles (unassembled or assembled) and those with an integrated needle. Most non-integrated syringes, whether assembled or not, have a “dead space” which can lead to wastage of expensive insulin and possibly to inaccuracy.

While these syringes are cheaper to manufacture than those with integrated needles, some manufacturers who make both types are phasing them out in the belief that, since all products are Drug Tariff price, patients will request the better ones. Supplying non-integrated syringes is a practice that

should be avoided, unless patients insist on them in spite of advice to the contrary.

Sabre, from Sabre International, is the best known of this type and is more popular with users than with specialists in diabetes. The syringe barrel is made of clear plastic, making it more easy to read than those with translucent barrels. The Sabre uses a conventional needle which is supplied fitted, but the dead space in the needle hub — although falling within the permitted standards — has limited the syringe's acceptance in specialist hospital units (Type 3 under specification 39 sent with FP notice 436). *continued on page 98*



all infected away from the region.

The clinic needs to have an open policy to take account of visitors to the area. "At Christmas we were worried because we expected infected people from other cities to come to Liverpool — 'on the Inter City death warrant' we called it. So we had to make sure we had facilities available to them too."

"Even if we can only get drug abusers to stop injecting and start taking drugs orally under the supervision of a drug dependency clinic, that removes another tier of HIV infection risk. Drug abuse by injection is self destructive, but when you superimpose the sharing of syringes it becomes a major public health hazard."

## Contacts

Pharmacists interested in syringe-needle exchange schemes should contact their local drug dependency clinic or LPC and ask what local arrangements are. Or they may contact Mr Clitherow at 315 East Prescott Road, Liverpool L14 2DD (051-228 3262).

## Success of other schemes

Over 20 pharmacies in the Bradford area are participating in a syringe-needle exchange scheme that started last June.

The scheme is organised and funded by the City of Bradford Metropolitan Authority and over 100 drug abusers have registered with a pharmacy — not by name but by a reference number with which the pharmacist keeps a record of the equipment supplied. Adam Christie, Pennine AIDS Link, says that on the whole the scheme is working well. Only two pharmacies have dropped out and that was only because no-one registered with them over a period of three months.

Manchester pharmacist Paul Benson says the syringe-needle exchange scheme he has been running in his pharmacy since last March is working well, but he wishes more of his colleagues would offer such a service. Only two other pharmacists in the Manchester area have shown an interest, the main reasons being fear or the belief that it is not pharmacy's responsibility.

"People are put off by their fixed unfavourable idea of drug addicts," he says. The profession often operates double standards, he complains, in that they refuse to sell syringes yet allow codeine linctus to be sold under less rigorous controls than it should be: "To me that's a very hypocritical stance to take."

His is a busy pharmacy which recently underwent an expensive refit, but there have been no problems with the drug abusers he has encountered — far from it. He has been able to gain their confidence and has put at least 10, which represents a quarter to one third of those using the service, in touch with drug dependency clinics.

A bonus of this trust was apparent in a recent conversation with a drug abuser who told him that if ever there was trouble with supplies his pharmacy was unlikely to be "hit" because he was respected in the local community. Others have told him they would have shared equipment if they had not had access to clean syringes. He restricts addicts to the hours 11am-4pm and gives out an advice booklet produced by the regional drug dependency unit. He uses disposal boxes provided by Manchester District Health Authority and addicts put their own used supplies into the box so there is no hazard.



# AIDS

## A ROLE FOR PHARMACY

**Jeremy Clitherow is delighted that pharmacists in Liverpool have a declining role. He is even looking forward to unemployment but, he adds hastily, in one specific area only — that of providing free needles and syringes to intravenous drug abusers.**



continued from page 96

## Integrated needles

Micro-fine III from Becton Dickinson is advertised as the thinnest, finest, sharpest needle. Sharpness of any needle is determined both by its gauge and the shape of the tip. Micro-fine III has a triple facet bevel point which, with the fineness of the needle, makes injection comfortable. The needle is 28 gauge compared with 27G on most others. While this is the most important plus point of the product, the fineness means that the needle is less rigid.

The Micro-fine III is available in 0.5ml (Lo-dose) and 1ml (Plastipak) sizes, both of which now have non-detachable needles and a minimum dead space.

The syringe barrel is clearly marked in grey. The syringe action is smooth but the plunger does not have a back-stop and so can come out of the barrel.

The syringes are packed in 10s, not individually. Because the Micro-fine III is widely used in hospitals, many diabetics will be familiar with it (Type 6).

Monoject U100 syringes, made by Sherwood Medical, are now available to retail pharmacies in shelf boxes, each containing 30 sterile blister pack syringes. Both 0.5ml and 1ml syringes have integral needles. Sherwood say they have further improved the sharpness of the needle, and made the barrel graduation easier to read by changing the colour of the plunger to white (Type 7).

## ...Non-roll caps, back stops, triple facet bevels...

Terumo syringes are individually sterile-packed in 0.5ml and 1ml sizes (Type 7). There is also a 1ml disposable syringe with detachable needle (Type 3). There are back-stops on all sizes and non-roll caps are used as needle covers to prevent the caps rolling off tables. The company has just improved the ink used, in terms of durability and legibility, and new larger printing facilitates easier reading.

Omnikan 100 and Omnikan 50 from B. Braun Medical is the most unusual syringe. The outside shape of the barrel is square, which is claimed to make handling easier for diabetics of all ages. The 27G needle has a triple facet bevel for comfortable injection. Both 0.5ml and 1ml syringes have integrated, minimum dead space needles. Barrel markings are a clear, bright blue. There is a back-stop on the plunger and the action is smooth. Each syringe is individually sterile-packed (Type 7).

The Insupak U100 syringe and needle from Steriseal has a back-stop to safeguard against accidental removal of the plunger and loss of insulin. The retail 0.5ml and 1ml syringes are packed in 10s and the needles are 27G.

Clinipak, from Rand Rocket, also has an end stop to prevent the piston being pulled out all the way. The blue piston rod highlights the already clear dosage reading on the barrel. The two sizes — 0.5ml and 1ml — are packed in poly bags of 10, with 100 syringes to an outer, and the needle gauge is 27G (Type 8). Independent tests showed that Clinipak needles required less pressure to penetrate the skin than Monoject 0.5ml and Becton-Dickinson Lo-dose 0.5ml, and fared about the same as Terumo 1ml. The tests measured the force needed to penetrate a rubber membrane.

# QUESTIONS PEOPLE ASK

**Pharmacists may be interested to know how others in the front line for giving advice on AIDS deal with questions from the public. The following is the Terrence Higgins Trust's approach.**

"Can I get tested for AIDS?" is one of the most common questions put to the Terrence Higgins Trust, which runs an AIDS counselling service and helpline.

The answer is no, there's no such thing as an AIDS test. The tests available in this country can only detect whether there are antibodies to HIV in the blood. A positive result means a person has been infected but does not mean they have AIDS or will ever develop it, the Trust advises.

"It is vital that you think carefully before you decide to have an antibody test. For most people, knowing they are infected is very traumatic and stressful. If you are antibody positive, will it help you to know or will it just make you panicky? Many people have been unfairly discriminated against by employers, landlords, friends and families, for reasons of their antibody status. It has become almost impossible to get life insurance or endowment mortgages if you have been tested, whether or not you are found to be infected."

"Tests are available free from sexually transmitted disease clinics, by appointment and in complete confidence (see local telephone directory). STD clinics give full counselling before and after testing, which is essential. You need to know how a positive result could change your life and you may want to change your mind about being tested. If you go to a private clinic, not only are you paying for what you could have free from STD clinics, but you may not get counselling."

Other common queries put to the Trust include "How do people get infected?" and "How can I protect myself?" The Trust explains that HIV cannot be transmitted easily, for example, by kissing, touching, or sitting next to someone who is infected, nor is the virus transmitted in swimming pools, on toilet seats or by sharing cups. "The virus is transmitted in infected body fluids — blood, semen and vaginal secretions — and it has to get into another person's bloodstream to take effect."

The Trust goes on to explain that the three key ways for this to happen are penetrative sexual intercourse — in which women are able to transmit the virus to men just as men can to women or other men; by sharing needles to inject drugs; or by an infected pregnant woman passing the virus to her baby before or during birth. "There is no strong evidence that women breastfeeding their babies can transmit the virus, although individual advice should be sought" (see organisations below).

The Trust advises that there is no need to panic about getting infected and no need to stop having sex, providing condoms are used. Lifestyles Extra and Tough Mates are recommended as among the stronger brands. A war-

ning is given that condoms are not 100 per cent safe and may split if not used carefully. "They are less likely to do so if used with a lubricant like KY jelly (don't use spit or an oil-based lubricant like Vaseline — they rot the rubber) spread on the outside of the condom, and a spermicide containing nonoxynol 9. A spermicide alone is not adequate protection."

"If you are injecting drugs, try to stop — or at least don't share equipment. There are syringe exchange schemes where you can swap your old equipment for new, and organisations like SCODA (below) can give help and advice."

When asked "If I am infected, does that mean I have AIDS?" the reply is that being infected and having AIDS are not the same thing. "Many infected people are perfectly healthy and will remain so, although they will probably stay infected and able to pass the virus on to others for the rest of their lives. An infected person can improve his/her chances of remaining healthy by getting enough sleep, cutting down on alcohol, tobacco or recreational drugs, avoiding stress as far as possible, getting enough exercise and eating healthily."

The following can give further support: *Terrence Higgins Trust*, BM AIDS, London WC1N 3XX. Helpline 3-10 pm every day: 01-242 1010. Support groups, counselling, advice on safer sex, "buddying" group for people with AIDS. Details on AIDS groups. *Standing Conference on Drug Abuse (SCODA)*, 1 Hatton Place, London EC1. 01-430 2341. Advice and help on all aspects of HIV infection and drug use.

*Haemophilia Society*, 123 Westminster Bridge Road, London SE1. 01-928 2020. Information for people with haemophilia and AIDS/HIV. *Family Planning Association Education Unit*, 27 Mortimer Street, London W1. 01-636 7866. Advice on pregnancy and HIV infection, training for AIDS counselling.

## Steam it!

Rand Rocket's Steri-steamer has been designed for hairdressers to steam clean their equipment between clients.

Scissors and other tools are placed in the carrying tray, and tap water added using the measure provided. The Steri-steamer runs a 10-12 minute cycle and automatically switches itself off. No chemicals are needed.

The Steri-steamer (£34.67 trade) is recommended in new health service "Guidelines for hygienic hairdressing" as an alternative to autoclaves and glass bead sterilisers for ensuring the cleanliness of non-electric tools. *Rand Rocket Ltd*, tel: 0462 58871.



1. Is an occasional dose of cimetidine safe for this woman?
2. Is propranolol effective in treating anxiety?
3. What about the interaction between cimetidine and propranolol?
4. Would you recommend ranitidine instead?

# ANSWERS

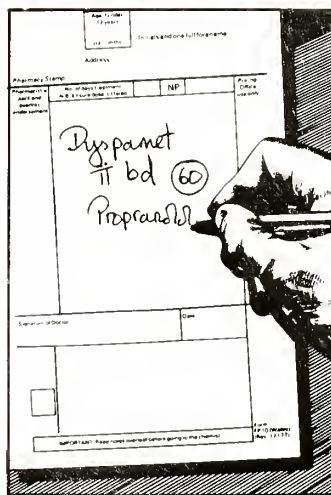
1. Cimetidine inhibits hepatic oxidative metabolism and therefore reduces the clearance of diazepam. Although this can increase serum levels of diazepam and its active metabolite by over 50 per cent, the effects on individual patients are variable: they may notice no subjective changes or they may become very drowsy. Most studies have measured the effects of repeated doses of cimetidine but there is no evidence that intermittent doses

might be safer. However, Dyspamet is intended for regular use and is not a substitute for a prn antacid — its efficacy in dyspepsia on this basis is uncertain.

2. Propranolol controls the peripheral symptoms of anxiety but the value of its chronic use is unknown. It should certainly not be substituted for diazepam because a significant proportion of patients develop withdrawal symptoms when benzodiazepines are stopped. Therefore, if the GP wants to withdraw diazepam, this should be done slowly (over 6-8 weeks), giving propranolol for symptomatic treatment during this period if necessary. The possibility that this patient has heart failure or asthma should be excluded. If her symptoms persisted, an appropriate management for her anxiety would be needed.

3. Cimetidine reduces the first pass hepatic elimination of propranolol and therefore increases its bioavailability. This is unimportant when adding propranolol to established, regular treatment with cimetidine but intermittent use or withdrawal of cimetidine might cause variable levels of propranolol and unpredictable bradycardia.

4. Ranitidine does not share cimetidine's propensity for drug interactions and would be unlikely to cause any problems for this

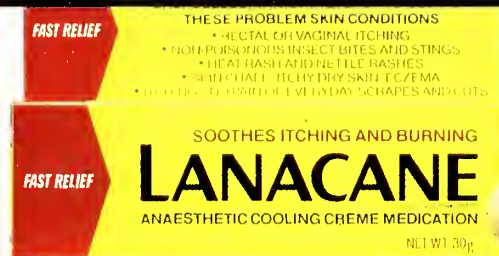


woman. It, too, is licensed for dyspepsia and, although comparative studies have not been published, is probably equally effective. However, the evidence suggests that cimetidine is most effective in patients who have responded to antacids — this woman has not. Furthermore, her symptoms have not responded to treatment for six months and she should therefore be referred to a specialist for endoscopy. In the meantime, ranitidine would probably be preferable to cimetidine and would allow the treatment of her anxiety to be tackled separately.

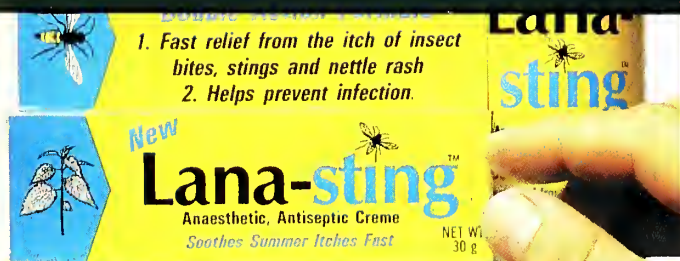
# Q&A

A GP asks you about a patient, a 58 year-old woman who has been treated with diazepam 5mg tds for the past two years for chronic anxiety. Six months ago, she developed epigastric pain and heartburn after food and, because simple antacids and alginates have been ineffective, the GP wants to prescribe Dypamet. Aware that cimetidine interacts with diazepam, he wants to stop it and try propranolol — he asks you the dose.

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W/W Lignocaine B.P.

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# ...ARE COMING HOME

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The established professional status of 'Micropore' tape means that you can recommend 'Micropore' Dress-it tape to your customers with complete confidence.

'Micropore' Dress-it tape is the strong, yet gentle method of securing bandages and dressings. Because it is made from 'Micropore' tape, the adhesive fabric allows the skin to breathe and reduces the risk of skin reaction. Minor cuts and abrasions can therefore be covered by applying 'Micropore' Dress-it tape directly onto the wound.

'Micropore' Dress-it tape is available in two sizes, 28 strips 12cm x 2cm and 28 strips 12cm x 6cm. For ease of application, both are supplied pre-cut, in a simple to use dispenser.

Launch of 'Micropore' Dress-it tape will be supported by substantial national Advertising, P.R. and Publicity Activity. A major press campaign will run throughout 1988, utilising full page, full colour advertisements in leading women's magazines. Consumer Promotion and P.R. will encourage a level of trial for 'Micropore' Dress-it tape and there will be a full range of point-of-sale support material which will allow housewives to sample the product for themselves within the pharmacy. 'Micropore' Dress-it tape will be handled exclusively in the U.K. by David Anthony Pharmaceuticals. For all details, contact your agent or telephone or write to: David Anthony Pharmaceuticals, 100 Speke Road, Speke Hall Industrial Estate, Liverpool L24 1YA. Telephone: 051-486 7117



# **D** Micropore<sup>TM</sup> **Dress-it** — T A P E —

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# 3M



# Society asks for more 'P's

The Society is to ask the Department of Health for the removal of further medicines from the prescription-only list.

The Department of Health chief pharmacist, Dr B. Wills, has agreed to a meeting following the Society's request for clarification of the way in which a professional body might seek to change the legal status of a medicine. The meeting was to be on January 15 after *C&D* went to press.

Difficulties had arisen in 1983, after a meeting with the Department, when it had seemed that if the Society sought a change in status of a particular medicine from POM to P then the work involved in obtaining the necessary evidence would be outside the scope and resources of a professional body.

However, in the Government White Paper on primary health care, the section dealing with the classification of medicines appeared to indicate that amended procedures might make it possible for a change to be made without all the onus for providing detailed information resting with the

professional body. The Science Committee agreed, at this month's Council meeting that this new position should be clarified.

The Committee also considered a list of medicines which might be appropriate for removal from POM status and took note of the views expressed in the pharmacists attitudinal survey carried out by the National Pharmaceutical Association in 1984.

The secretary and registrar pointed out the meeting with Dr Wills would not discuss particular medicinal products. Talks would be on the procedures for re-classification of medicines and the involvement of professional bodies. Council would therefore be able to reflect further on products suitable for submission.

Professor Beckett said it was important to get complete clarification of the procedures. He reminded the Council that when a new drug was approved for marketing it was restricted to prescription-only supply. At the end of a certain period a decision had to be made as to whether it

remained a POM or not. Confusion had arisen because no one seemed to know what was going on.

If it was decided that the product should remain a POM, one hoped that the decision was made on the basis of some evidence of a need for restriction. It should be incumbent on those who wished to make such restrictions to make available the information which led to that decision. Professor Beckett said that he did not want a continuation of what seemed to be control behind closed doors with the industry not able to get any information at all.

**Drug damage compensation** The Council has reaffirmed its view that there should be a central no-fault compensation fund for those injured by unexpected side effects of medicines.

Council agreed to continue to press for such a fund after the Hospital Pharmacists Group Committee considered the implications of the Consumer Protection Act 1987. The

Committee agreed to consider at its next meeting the implications of the Act for the hospital service, because of the difficulty of tracing the source of supply of a product many years after the event, and because of hospital pharmacists' involvement in manufacture.

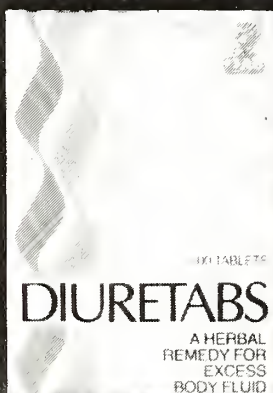
**Leaflets on medicines administration** Council has agreed that the draft leaflets on the method of administration of certain medicines, prepared by the Society's working party on information to patients, should be commended for adoption by the whole profession.

The Practice Committee received a copy of a document circulated to member companies of the Association of the British Pharmaceutical Industry following publication of the ABPI's document, "Information to patients on medicines". The Committee noted that the draft leaflets were attached as an appendix to the document to provide additional guidance to companies. It was suggested that insufficient publicity may have

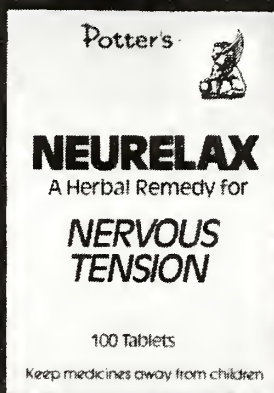
## CATARRH & BRONCHITIS



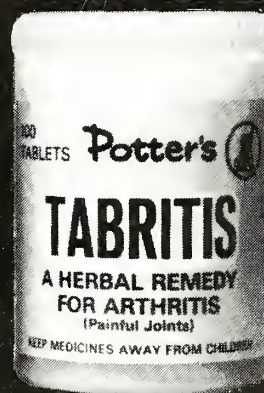
## URINARY COMPLAINTS



## NERVOUS TENSION



## ARTHRITIS



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been given to the leaflets within the profession.

**Size of premises** The report of the Society's working party on the size of pharmacy premises is to be discussed on January 22 at a meeting of organisations previously consulted by the working party.

**Trade mark guidelines** The Department of Health has issued guidelines for the construction of pharmaceutical trade marks. The document takes into account most of the comments made by the society on an earlier draft circulated for comment.

**Meetings with SERC** Regular meetings are planned with representatives of schools of pharmacy and the chemistry and biological sciences committees of the Science and Engineering Research Council. The Education Committee received a report of a meeting held on December 16, 1987, chaired by the president and attended by representatives of SERC, all the British schools of pharmacy and the Society. The Medical Research Council and the pharmaceutical industry had also been represented. It was planned to hold further meetings about every two years.

**Third World education** Council has agreed to assist continuing education in Third World commonwealth countries by making presentations from the society's recorded lecture service available. Third World countries within the commonwealth Pharmaceutical Association will be supplied with details of the service and offered to presentations free. Further presentations may be offered in the future.

**Clinical trial protocols** Clinical trial protocols notes produced by the Essex Medico-Pharmaceutical group are to be commended to the Hospital Pharmacists Group in the next newsletter.

## CD Register offences lead to £300 fine

Doctors and pharmacists are flouting prescription form Regulations, Trowbridge Magistrates heard recently.

Mr Derek Denton of Ham Green, Holt, the former owner of Roundstone Pharmacy, Trowbridge, was giving evidence in the case of his former pharmacist Michael Ellis of Cranmore Close, Trowbridge.

Mr Ellis was fined a total of £300 and ordered to pay £25 costs after admitting four offences of failing to enter Controlled Drugs in the CD register and one offence of dispensing an unlawfully written prescription.

Mr Denton was called as a character witness for Mr Ellis. He described Mr Ellis' work as "quite exemplary" before Roundstone Chemists was taken over by G.K. Chemists.

He told the Court that many prescriptions were incorrectly completed and that there was a widespread evasion of Regulations as to how the forms should be filled in.

### Correct supplies

Mr Jonathan Carver, prosecuting, said pharmacists were legally required to keep a CD register, and should not supply any drugs against incorrectly written prescriptions.

Mr Carver said "It appears that many doctors do not fulfil the legal requirements on scripts but because pharmacists know the customers they are able to give the correct drugs".

He said there was nothing about the case to suggest that customers were not getting correct prescriptions.

When G.K. Chemists took over Roundstone Pharmacy, where Mr Ellis had been a pharmacist since the end of 1976, he had kept his job. Up to that date there had been no question of any breaches of the law.

Later in the year a Pharmaceutical Society inspector found invoices and prescriptions had not been properly recorded.

Mr Carver added: "The fault initially lies with the doctors who, when filling out the incomplete prescriptions, were, in fact, breaking the law."

If Mr Ellis was to comply with the law he should have refused to dispense the prescriptions, but he knew what was needed and so gave the correct quantities.

He said the doctors concerned had been advised on their future conduct — and had been reported

to their professional bodies.

Mr John Elliot, defending, said after the takeover Mr Ellis had to cope with greatly increased paperwork in addition to his other duties. "He asked for assistance but did not get it".

"If you appreciate that at that pharmacy they were dispensing between 7,500 and 8,000 prescriptions a month it gives some idea of the size of the problem", said Mr Elliot.

He said Mr Ellis, who had received no support from his head office, also faced the probability of PSGB disciplinary action.

## Further pledge for wider role

A further pledge that the Government will seek to promote a wider role for pharmacists, as advised in the Nuffield Report, was given on Tuesday in the annual report (1986-87) for the Health Service in England.

The report recalls that a new contract for pharmacy was introduced on April 1 last year, intending to ensure that the provision of pharmacies is more closely matched to the needs of consumers. It reaffirms that the position will need to be reviewed once the new system has settled down.

The report states that the number of pharmacies has continued to increase to 9,760 in 1986 compared with 8,800 in 1981, and that the number of prescriptions dispensed rose to 323 million after a fall in the previous year. This compared with 300 million in 1981.

The cost of pharmaceutical services in 1986-87 was £1,787m, over three-quarters of which was accounted for by the cost of medicines. This represented a real term increase of 4.7 per cent over the previous year.

Dealing with prescribing, the report states that general practitioners need "feedback" if they are to prescribe more effectively and economically. "Agreement has been reached with the medical and other professions for a new system of prescribing information which will provide all doctors with well presented, timely and more frequent data from Autumn 1988."

Replying to questions in the Commons Mrs Margaret Thatcher, the Prime Minister, claimed that the annual report showed "a fantastic number of improvements in the NHS."

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"I only sent you in for my prescription!" "Well, it was so nicely displayed!"



# BUSINESS NEWS

"There is a new drive behind British business" claims the Department of Trade and Industry's £3.9m television campaign launched this week, designed to reflect their new policies and role, it is outlined in a Government White Paper, published on Tuesday.

The aim is to encourage enterprise by the promotion of open market and individual initiative. The strategy was drawn up last October by Lord Young, the Secretary of State for Trade and Industry.

He says they plan to tackle monopoly, and make government-held information such as patent and company statistics more available, alongside campaigning for safety and advice.

Now businesses should be able to contact the DTI near to their own workplaces, says Lord Young, by the addition of 24 offices around the country. In a

## DTI drive to better business

move to reach their goal it has launched the enterprise initiative. Firms with 500 or fewer employees will be encouraged to use a "self help" package.

Marketing, design, quality and manufacturing systems will be the first key initiative: consultancy project and business planning and financial and information systems will be available in April. Beforehand, business reviews will be offered free to firms considering these programmes.

Smaller firms will be advised about export opportunities through the British Overseas Trade Board, says the DTI, giving information on tariffs, standards

and markets, and helping to meet costs of trade exhibitions abroad.

The DTI hopes to encourage high technology activity and collaboration with researchers, providing grants to cover minimum project costs. The Department says it will provide £50m in the next financial year and £250m in total up to 1991.

Lord Young said that while this was separate from the small firm service, it was available to retail, service and manufacturing sectors alike. "There will be no bias against micro firms," he said. "We are not just out to pick winners."

As well as increasing their

regional office network the new consultancy initiatives will offer higher levels of grants in assisted and urban programme areas. Consultancy projects will receive support of two thirds of the cost in those areas compared with 50 per cent in the rest of the country.

The regional development grant will end in April but regional selective assistance will remain available. Companies will now be required to show that they genuinely need public money in order to proceed, that their projects are viable and will produce identifiable and significant benefits, says the Department.

Young people should receive more business training with one-teacher-in-ten per year having some personal experience of the business. They also aim to make sure that every young person has at least two weeks' work experience before leaving school.

## Natural Products



Healthy living requires healthy eating, however, balanced diets can sometimes be difficult to maintain.

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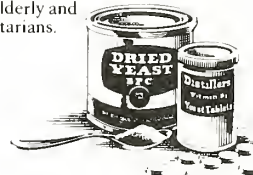
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Vitamins included are: A for healthy skin; B for the metabolism of Carbohydrates, Salts and Proteins and proper blood function; C to help the healing process and D for healthy teeth and bones.

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## Alza develop polymer for gum disease

Alza Corporation, makers of the Oros device at the centre of this week's Volmax launch by Duncan Flockhart (p78), hope to have a new site-specific antibiotic system for the treatment of gum disease on the market next year.

The system, which is currently under development in conjunction with a group of dentists in Boston, Massachusetts, provides ten days of rate-controlled antibiotic delivery from thread-like polymeric fibres which are packed in the "periodontal pocket", a hole which is created between gum and tooth in the infection.

Speaking at a recent briefing in London, the president of the Alza Corporation, British-born Dr Jane Shaw, explained that current treatment consisted of physical debridement of the gums, a very painful process, with oral antibiotics.

Using the Alza technology, antibiotics could be targetted more specifically, Dr Shaw said. The active ingredient, tetracycline, is delivered at 2mg per tooth over seven days.

Dr Shaw also predicted wider use of the Oros oral osmotic device for the delivery of drugs; the company recently announced Food and Drug Administration filings for marketing approval of Oros devices containing the antihistamine chlorpheniramine, and one containing the supplement potassium chloride. Oros devices contain vitamin C and nifedipine have already been marketed in the US.

The company's transdermal therapeutic system, used in Transderm Nitro and Estraderm, was also being used as a delivery system for testosterone for hormonal replacement in hypergonadal males, and Dr Shaw had high hopes of a TTS fentanyl which, she said, would move the drug out of the anaesthesia-adjunct field and into the chronic pain relief area. By providing fentanyl at a constant rate, problems of respiratory depression and fast metabolism are avoided.



Great Ormond Street Children's Hospital's general manager Sir Anthony Tippet receives a £20,000 donation from Wellcome. The company's chairman and chief executive Alfred Sheppard is pictured here (right) handing over the cheque for the wishing well appeal, along with Christine Simmons, her two-year-old daughter Diane, sister Linda Davies and James McKenzie

## MAFF restricts 'natural' tag

The use of the word "natural" and similar words, on food labelling and in advertisements for foods should be further controlled according to advice from the Food Advisory Committee.

Proposals by the FAC say that the term "natural" should be used without qualification only to describe single foods of a traditional nature to which nothing has been added, to describe food ingredients obtained from recognised food sources and which meet the above criteria; or to describe flavouring substances or additives obtained from recognised food sources by appropriate preparation processes. Flavours should only be described when they are derived wholly from the named food source.

### Other terms also out

Compound foods should therefore not be described as "natural" but it may be acceptable to describe them as made "from natural ingredients" if this is so. "Natural" should not be included in brand or fancy names so as to imply that a food which does not meet the above criteria is natural. Other similar terms such as real, genuine, traditional, pure etc should not be used if it is to imply benefits similar to natural.

Negative claims which imply naturalness rather than state it are also considered potentially misleading by the FAC. A food should not be stated as being "free from x" if all foods in the same class are free from "x". Statements or implications that a food is free from certain non-natural additives when the product contains other non-natural additives should not be used. Nor

should it be said that a food is free from one category of additive when similar additive of another category is used, the FAC says.

It is hoped that the proposed guidelines will be taken up voluntarily but if this should not be practicable, it is thought that some form of regulation should be considered. FAC guidelines are to be circulated for public consultation and are available from the *Ministry of Agriculture, Fisheries and Food, 3 Whitehall Place, London, SW1A 2HH.*

## Health and Safety rule

Comments on proposed new Regulations on health and safety information for employees are being sought by the Health and Safety Executive.

The proposed Regulations will mean that instead of having to display abstracts of the Factories Act 1961 or Offices, Shops and Railway Premises Act 1963, employers will be required to display a simple poster or distribute a leaflet to each employee. The poster and leaflet would outline the main matters covered in general health and safety law and advise where fuller information can be obtained.

Comments on the proposals — described in "Draft Health and Safety Information for Employees Regulations 1988". (£4 from HMSO) — should be sent by March 18 to Mr G. Collins, Health and Safety Executive SPD/A1, Room 244, Baynards House, 1 Chepstow Place, Westbourne Grove, London W2 4TF.

## 93p a week on medicines

The average household spent £0.93 a week on medicines and surgical goods in 1986, representing 0.5 per cent of total expenditure.

This was the same percentage of spending as in 1985, when the amount was £0.84p. Over twice as much was spent on toilet requisites and cosmetics, with the average household spending £2.11 (£1.90 in 1985). Cameras and other photographic and optical goods cost the average household £0.76 (£0.59 in 1985) and £0.37 was spent on non-NHS spectacles.

The breakdown of spending on medicines was: NHS charges £0.13 average per household, payments for NHS spectacles £0.3p, non-NHS medicines, lotions, surgical goods, dressing and appliances £0.78p. Colour cosmetics accounted for £1.04, toilet soap £0.13, toilet paper £0.35 and other toilet requisites £0.58, which came to 1.1 per cent of total expenditure.

The number of households recording expenditure on medicines was 3,752 while those spending on cosmetics and toiletries came to 6,289. *Department of Employment "Family Expenditure Survey 1986" (HMSO, £15.90).* blood-dissolving drug topped \$58 million in the last few weeks of 1987.

## Genetech reap rewards

American biotechnology company Genetech expect their new heart drug Activase to boost 1987 earnings to over \$32 million, according to a *Financial Times* report.

The company is reported as saying that sales of the blood clot,

**Janssen Pharmaceutical Ltd:** the company's telephone number and fax number at Grove, Wantage, Oxfordshire are being changed to Wantage (0235) 772966 and Wantage 772121 respectively.



# IN THE CITY

The start of the New Year saw no relief for anxious investors who have had to get used to seeing their shares on a roller coaster. Amid the uncertainty, Unichem, announced plans to come to the Stock Market in 1990.

The company ignored the convention of secrecy ahead of a float because it wanted publicity for its scheme to boost business in the next two years. It plans to offer up to 4 million extra shares (more than doubling the present number) to sizeable customers, giving an incentive for pharmacists who spread their business to place more of it with Unichem. The effect should boost business by 10 per cent. This should make the company more valuable when it comes to the market.

Phillips & Drew, the respected stockbrokers advising Unichem, believe the £1 share will be worth more than £12 on the flotation. The estimate would have been higher if not for the October crash but the outcome is still dependent on market vagaries.

Despite efforts to knock the estimate it looks reasonable. Unichem has assets of £10.60 a share, which provides a useful bolster for P&D's valuation. Profits are likely to have risen from £5.34m in 1986 to £6.5m in 1987 and are expected to show a further jump in the next two years.

On this basis the shares at £12 would look cheap alongside Unichem's rivals, AAH and Macarthy. Unichem at £12 would be trading on less than nine times earnings (after tax profits) whereas shares in AAH (which includes coal distribution as well as pharmaceutical wholesaling) and Macarthy both sell on 13 times earnings. Though both companies will attempt to rival Unichem's offer of shares with discounts to customers, the offer of shares looks unbeatable. Unichem is providing rare opportunity to make a capital gain.

The problem for Unichem will be to keep up the momentum when it arrives at the Stock Exchange. It will no longer be able to buy custom by offering shares at a discount, so will have to find other ways to grow.

## Christmas sales looking up

New Year reports suggest Christmas 1987 was a prosperous one for pharmacies.

While the national Press commiserates the High Street multiples on disappointing results, particularly in consumer durables, pharmacies are saying expectations were met, if not exceeded.

There seems to have been a general growth in toiletries cosmetics and perfumes, with consumers spending more for quality — expensive lines taking a higher proportion of sales. While most report a steady increase throughout December, the spending spree burst in the last few days; a trend encouraged, it is thought, by Christmas '87 falling at the end of the week.

Boots, who say on the whole sales were lower than anticipated with more higher priced consumer durables staying on the shelves, found cosmetics and perfumes sales increasing, particularly in their smaller stores which they say "have a good merchandise mix" of lower priced items and gift sets.

Ian Parsons, managing director of Macarthy's retail division, says they set tough targets and met them. "Our lower priced merchandise,

including small gift sets, sold out early on, but we did notice a trend towards quality single items. Clarins in skincare, and Chanel in fragrance were our best sellers," says Mr Parsons.

He also saw an increase in sales of electrical gadgets.

Smaller chains reiterate the message. Selles Chemists saw sales up 17 per cent on last year helped chiefly by toiletry gift sets, quality perfumes and small electricals like hairdryers, according to the company's financial director Andrew Rich.

Marketing director for E. Moss Ltd, Peter Harvey, reports an excellent Christmas with fancy goods and Christmas gifts doing much better than basic stock lines.

## Cow & Gate into beauty

Cow & Gate have bought Galenco Cosmetics (UK) Ltd.

The move involves the establishment of a new company, Galenco Ltd, which will trade independently out of Thatcham, Berks. Cow & Gate say the new business will compliment their own, having the same distribution channels and equally strong pharmacy representation.

Known mainly for their quality bath and skincare products, Galenco also produce creams and lotions for hospital use. Their current turnover is nearly £3m under md Mr M.J. Reddich.

## COMING EVENTS

### Guild goes to Warwick

The West Midlands Group of the Guild of Hospital Pharmacists are hosting the GHP weekend school at the University of Warwick on April 15-17.

The theme for the weekend is "Musculoskeletal disorders". Subjects will include: spinal injuries and rehabilitation; recent advances in the treatment on rheumatoid disease; the work of a sports injury clinic; and the treatment of bone tumours. Sir James Ackers, the chairman of the West Midlands Regional Health Authority, will perform the opening ceremony.

As in previous years, there will be a medical exhibition, and a poster session open to all hospital pharmacists. Posters are invited depicting research projects or investigational work. Application forms can be obtained from Adrian Brown or Peter Cooke, The

Pharmacy Department, Dudley Road Hospital, Birmingham B18 7QH (tel: 021-554-3801).

The cost of attendance is £70.00 for Guild members and £80.00 for non-members. The closing date for applications is March 20. Application forms from Martin Jenkins at the above address.

### Area 14

Area 14 of the National Pharmaceutical Association is holding a dinner on February 9 at the Swallow Trafalgar Hotel, Preston New Road, Salmesbury, Preston, at 7.30 for 8pm.

The speaker will be NPA director, Tim Astill. Tickets cost £8.00. Applications should be made to Mike King at Mallinson House by no later than January 22. Cheques should be made payable to the National Pharmaceutical Association. Tickets will be sent along with a receipt for tax purposes.

### Monday, January 18

**Mid Glamorgan East Branch, Pharmaceutical Society**, at the Globe Hotel, Pontypridd at 8pm. "Aspects of drug abuse and glue sniffing in the community" by Dr. W. Clee, a GP from Talbot Green.

**Plymouth Branch, Pharmaceutical Society**, in the Board Room, Derriford Hospital, Plymouth at 8pm. Talk on "Drug Tariff appliances".

### Tuesday, January 19

**Eastbourne Branch, Pharmaceutical Society**, Postgraduate Medical Centre, Eastbourne District General Hospital, at 8pm. "Head lice", a presentation by Simon Child, Napp Ltd. Buffet.

**Fife Branch, Pharmaceutical Society**, at St Anthony's Hotel, Kirkcaldy, at 7.45pm. "Developments in treatments of diabetes mellitus" by Dr B. L. Furman, University of Strathclyde.

### Wednesday, January 20

**Barking and Havering Branch, Pharmaceutical Society**, in the lecture theatre, May & Baker, Dagenham, at 7.30pm. "Genetic

engineering" by Mr J. F. Thorley, Dista Products. Joint meeting with the Essex Branch of the Royal Society of Chemistry.

### Thursday, January 21

**Bedfordshire Branch, Pharmaceutical Society**, at the Postgraduate Medical Centre, Luton and Dunstable Hospital, at 8pm. Talk by David Allen, PSGB Council.

**Dundee Branch, Pharmaceutical Society**, in Lecture Theatre 3, Ninewells Medical School, at 7.45pm. Drug Development (Scotland) Ltd by Dr J. McEwen, medical director.

### Advance information

**Society of Cosmetic Scientists**. Teach-in on "Product stability", January 26-27 at the Novotel, Nottingham. Details from the secretary, tel: 0582 26661.

**British Association of Pharmaceutical Physicians**. Symposium on "Therapeutic risks — deliberate and accidental" on February 3 at the Royal Society of Medicine, 1 Wimpole Street, London W1. Details from Mrs J. Ware-Bailey, BrAPP secretariat, 1 Wimpole Street, London W1M 8AE (tel: 01-491 8610).



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# ABOUT PEOPLE

## Pharmacy down to 16th

Pharmacy was the 16th most popular choice of undergraduate course in the 1986 entry, according to figures from the UCCA.

Compared to 1985, this is a drop of two places, with mechanical engineering and chemistry leapfrogging pharmacy into 13th and 14th respectively.

Pharmacy courses remain the most difficult statistically to get into among the top 20, with only 25.8 per cent of the 2,640 applicants securing a place.

The most popular choices show no change from 1985. Law remains first with 9,061 applicants (37.8 per cent taken), and medicine second, with 8,249 (46.6 per cent).

## Society to recruit for expanded inspectorate

The Pharmaceutical Society's law department will be recruiting over the next few weeks for staff for a new animal medicines division.

The Society will be looking for a head of the division, four inspectors and three administrators. The inspectors will not necessarily be pharmacists as initially they will only be dealing with compounders of medicated animal feedstuffs.

The need to expand the inspectorate arose when the Society decided to take on extra statutory duties on behalf of the Ministry of Agriculture, Fisheries and Food, in the monitoring of medicated animal feed stuffs. The new inspectorate is expected to

become "live" on July 1, when regulations setting up a register of those involved in the business become effective.

Head of the law department Gordon Appelbe says he hopes to transfer most of the ag and vet work handled by the existing inspectorate over to the new division in due course, except for those animal medicines sold from pharmacies. Whether this leads to a reduction in the number of pharmacy inspectors remains to be seen.

The new division will be located in Bell House, adjacent to the Society's headquarters building in Lambeth. It will be self-financing from registration fees, although it may take two or three years to recover the capital invested in staff and premises. The Society's assistant secretary Bruce Rhodes said the decision to delegate further statutory duties means the Government looks upon the Society as responsible enough to enforce the law. "It is a great compliment to us."

## Completing the back . . .

The pitfalls of completing the back of a prescription form are highlighted by Isle of Wight LPC secretary Tony Williams in the latest LPC newsletter.

He tells of a colleague who recently completed the back of a script in error, £4.80 having already been paid. It also happened to be one of the scripts randomly selected by the Pricing Bureau and sent back to the FPC for them to check the claim.

As a result the patient was initially determined to take legal action, although this has not happened. "May we suggest you try to avoid signing the back of prescriptions whenever possible," says Mr Williams.

## Did you know

Did you know those Unichem toy vans from Matchbox are becoming collectors items? There is even understood to be demand from the USA. A possible area for diversification come 1990?

## APPOINTMENTS

**George, Orridge & Co:** Nick Holland-Brown has been made group chairman in place of Peter Doughty who has retired. Mr Holland-Brown remains as group managing director and is director of each of the regional companies. Chris Swaffin-Smith joins the parent company board as a non-executive director. Paul Harding has been appointed sales director at the Epping office, in place of Harry Salter. Mr Harding has responsibilities for marketing and new businesses as well as continuing to run the business sales department. Kevin Ball has been appointed company secretary.

**Merck Sharp and Dohme Ltd:** Tessa Hopkins has been appointed director of public affairs with a brief to examine all aspects of the company's present and future public affairs requirements. She

joins from Burson Marsteller.

**Scott Ltd:** Clemens S. Andes Jr. is appointed managing director. He moves to the UK position from Scott Worldwide where he was vice president for USA's Northeast region. Mr Andes replaces Robert E. Rodgers who recently retired.

**Medicines Commission:** Professor A. Philip Dawid, MA, ScD, and Professor Michael F. Drummond, BSc, MCom, DPhil, have been appointed as members.

**British Pharmacopoeia Commission:** Dr J.M. Dewdney, BVSc, MRCVS, PhD, FIBiol, and Dr N. Randall, PhD, CChem, FRSC, FIQA, have been appointed as members. Professor John B. Stenlake has been re-appointed as chairman of the Commission until December 31 1989.



## Stornaway man stands down

A presentation worthy of "The Guinness Book of Records" — 65 years' service with the same firm — took place in the County Hotel, Stornaway, when 80 year old John Macdonald was presented with a gold and silver inscribed quail.

It was presented by Mrs Irene Matheson, managing director of Roderick Smith Ltd of Stornaway, chemists and newsagents, which Mr Macdonald joined on March 16, 1922, when he was only 14.

Although not a pharmacist, Mr

Macdonald, known the length and breadth of the island as "John the chemist," managed the chemists and the newspaper shop. He eventually became a director of the company. Up until the end of last year he opened the shop every morning but is now going into formal retirement. However he will remain a director.

John was also a keen badminton player in his younger days and gave years of devoted service to the Stornaway YMCA.



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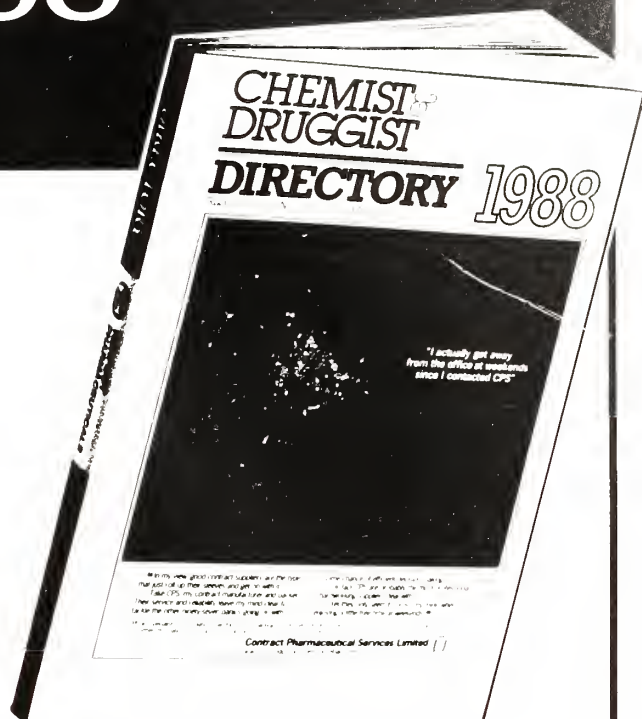
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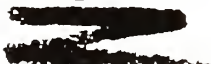
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# IMPORTANT ANNOUNCEMENT

When you receive a prescription for hepatitis B vaccine, you can dispense either 'Engerix B', the new genetically engineered vaccine from Smith Kline & French Laboratories Limited, or the older plasma-derived vaccine.

'Engerix B' is produced in yeast cells and has a high level of purity. It does not rely on hepatitis B carrier donor blood for its production.

The introduction of 'Engerix B' has resulted in the cost of hepatitis B vaccination being reduced by half.

So choose to dispense 'Engerix B' when hepatitis B vaccine is prescribed generically. It is available from your wholesalers at £31.50 for the 3-dose pack.

**ENGRIX B**  
GENETICALLY ENGINEERED HEPATITIS B VACCINE (RBY)

A NEW GENERATION OF PROTECTION

#### 'ENGRIX B' hepatitis B vaccine (rby)

**PRESCRIBING INFORMATION Presentation.** Each 1 ml dose of 'Engerix B', PL0002/0160, contains 20 micrograms of hepatitis B surface antigen protein. Pack of 3 vials, each containing 20 micrograms, £31.50; pack of 10 vials, £105.00.

**Uses.** Active immunization against infections caused by hepatitis B virus.

**Dosage and administration.** For intramuscular use only. To be shaken well before use. Three doses should be given, the second one month and the third six months after the initial dose. For more rapid immunization the third dose can be given two months after the initial dose. For more rapid immunization the third dose can be given two months after the initial dose with a booster at 12 months.

**Adults and children aged 3 years and over.** 20 micrograms (1 ml) given intramuscularly in the deltoid region or the antero-lateral aspect of the thigh.

**Contra-indications.** Hypersensitivity to any component of the vaccine. Severe febrile infections.

**Precautions.** Response may be impaired in renal dialysis patients or those who are immunocompromised. Adrenaline 1:1000 should be available in case of anaphylaxis. Use in pregnancy: see Data Sheet.

**Adverse reactions.** Mild transient local soreness, erythema and induration at the injection site. Occasionally low grade fever, malaise, fatigue, headache, nausea and dizziness.

**Legal category.** POM.  
17.6.87.

**SK&F**

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